



NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM

American Recovery and Reinvestment Act of 2009 and Fiscal Year 2010 ***APPLICANT INFORMATION BULLETIN***

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration
Bureau of Clinician Recruitment and Service
Division of Applications and Awards
5600 Fishers Lane, Room 8-37
Rockville, Maryland 20857

For inquiries specific to the National Health Service Corps
Loan Repayment Program application and awards process contact: CallCenter@hrsa.gov
or

1-800-221-9393 (TTY: 1-877-897-9910) Monday through Friday (except Federal holidays) 9:00 a.m. to
5:30 p.m. ET.

Applicants who submitted an electronic application to the National Health Service Corps Loan Repayment Program during the Fiscal Year (FY) 2009 application cycle that opened on December 2, 2008 and closed on January 31, 2009 do not need to submit an electronic application for the funding opportunities announced in this Applicant Information Bulletin. The FY 09 electronic application previously submitted will be used. However, if an applicant only submitted an electronic application and none of the supporting documents, these supporting documents will need to be completed and submitted before his/her application can be considered for funding.

Authority: Section 338B of the Public Health Service Act, as amended (42 USC 254I-1) and The American Recovery and Reinvestment Act of 2009

IMPORTANT NOTICE – ADDITION OF RECOVERY ACT FUNDING

On February 17, President Obama signed into law the American Recovery and Reinvestment Act (“Recovery Act”) of 2009. The Recovery Act provides additional funding for the National Health Service Corps (NHSC) Loan Repayment Program (LRP).

Due to the availability of Recovery Act funding, the Bureau of Clinician Recruitment and Service expects to be able to provide more loan repayment awards to primary health care clinicians who wish to deliver quality primary health care services in health professional shortage areas of greatest need throughout the United States and its territories, as designated by the Secretary of Health and Human Services.

The NHSC LRP recruits fully trained health professionals who agree to provide primary health services in NHSC community sites. In return, the NHSC LRP assists clinicians in their repayment of qualifying educational loans that are still owed.

From June 2009 through September 30, 2010, NHSC LRP awards will be available for Primary Care Allopathic or Osteopathic physicians, Certified Nurse Practitioners, Certified Nurse Midwives, Physician Assistants, General Practice Dentists, Pediatric Dentists, Dental Hygienists, Health Service Psychologists, Licensed Clinical Social Workers, Psychiatric Nurse Specialists, Marriage and Family Therapists, and Licensed Professional Counselors.

An applicant selected to participate in the NHSC LRP must fulfill his or her service obligation at an approved NHSC community site(s). A clinician who is not committed to serving at an approved NHSC community site for the duration of the two-year NHSC LRP contract should not apply for an NHSC LRP award.

NHSC LRP participants cannot be guaranteed a contract amendment for continued participation in the NHSC LRP, as there is no guarantee of the availability of loan repayment funding in future fiscal years.

DISCRIMINATION PROHIBITED

Title VI of the Civil Rights Act of 1964, as amended, and its Department of Health and Human Services (HHS) implementing regulation, 45 Code of Federal Regulations (CFR) Part 80, provide that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

Title IX of the Education Amendments of 1972, as amended, and its HHS implementing regulation, 45 CFR Part 86, provide that no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving Federal financial assistance.

Section 504 of the Rehabilitation Act of 1973, as amended, and its HHS implementing regulations, 45 CFR Parts 84 and 85, provide that no otherwise qualified individual with a disability in the United States shall, solely by reason of his or her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or any program or activity conducted by HHS.

Title III of the Age Discrimination Act of 1975, as amended, and its HHS implementing regulations, 45 CFR Parts 90 and 91, provide the general rule that no person in the United States shall, on the basis of age, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

This *Applicant Information Bulletin* (hereinafter referred to as the “*Bulletin*”) describes the National Health Service Corps (NHSC) Loan Repayment Program (LRP) authorized by Section 338B of the Public Health Service Act [42 United States Code 254I-1], as amended, the NHSC LRP’s implementing regulations [42 Code of Federal Regulations Part 62, Subpart B] and NHSC LRP guidelines in effect as of June 2009. Future changes in the governing statute, the implementing regulations, and NHSC LRP guidelines may also be applicable to your participation in the NHSC LRP. The NHSC LRP is listed as number 93.162 and 93.401 in the *Catalog of Federal Domestic Assistance*.

PLEASE PRINT AND KEEP THIS *BULLETIN* FOR FUTURE REFERENCE

This *Bulletin* explains in detail the contractual obligations of the Secretary and participants in the NHSC LRP. Before signing an NHSC LRP contract, applicants are strongly encouraged to read the entire *Bulletin* and the NHSC LRP contract to ensure a complete understanding of the requirements of the program’s service obligation, and the financial consequences of failing to fulfill the requirements of that service obligation ([see Section J of this Bulletin](#)). **Before signing an NHSC LRP contract, applicants may want to seek legal counsel to review the *Bulletin* and the contract.**

ALL MATERIALS SUBMITTED BECOME PROPERTY OF THE NHSC LRP AND WILL NOT BE RETURNED.

PRIVACY ACT NOTIFICATION STATEMENT

General

This information is provided pursuant to the Privacy Act of 1974 (Public Law 93-579), as amended, for individuals supplying information for inclusion in a system of records.

Statutory Authority and Program Administration

The NHSC LRP is authorized by Section 338B of the Public Health Service (PHS) Act (42 United States Code Section 2541-1), as amended. The NHSC LRP is administered by the Bureau of Clinician Recruitment and Service (BCRS) within the Health Resources and Services Administration (HRSA). HRSA is an agency of the U.S. Department of Health and Human Services.

Purposes and Uses

The purpose of the NHSC LRP is to attract and retain medical, dental, and mental health clinicians in eligible communities of need designated as health professional shortage areas. The information applicants supply will be used to evaluate their eligibility, qualifications and suitability for participating in the NHSC LRP. In addition, information from other sources will be considered (e.g., credit bureau reports and National Practitioner Data Bank queries).

A participant's contract, application, required supplemental forms, supporting documentation, related correspondence and data are maintained in a system of records to be used within the U.S. Department of Health and Human Services to monitor NHSC LRP-related activities. The information may also be disclosed outside the Department, as permitted by the Privacy Act and Freedom of Information Act, to the Congress, the National Archives, the General Accounting Office, and pursuant to court order and various routine uses (see <http://www.hrsa.gov/privacyact/sorn/09150037.htm>).

The name of an NHSC LRP participant, discipline, specialty, business address and telephone number, and service obligation completion date may be provided to professional placement firms in response to requests made under the Freedom of Information Act.

Effects of Nondisclosure

Disclosure of the information sought is voluntary; however, if not submitted, except for the replies to questions related to Race/Ethnicity (Section I of the online application for NHSC LRP), an application may be considered incomplete and therefore may not be considered for an award under this announcement.

Paperwork Reduction Act Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB control number. The current OMB control number for information collected through this application process is 0915-0217. Public reporting burden for this collection is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Office, 5600 Fishers Lane, Room 10-33, Rockville, Maryland 20857.

SPECIAL ITEMS OF IMPORTANCE

American Recovery and Reinvestment Act of 2009, National Health Service Corps (NHSC) Loan Repayment Program (LRP), Application and Award Cycles

The NHSC LRP is conducting open and continuous application and award cycles which provide direct support to the mission of the American Recovery and Reinvestment Act of 2009 under the authority of 31 U.S.C 1111..

The NHSC LRP will have open and continuous receipt and evaluation of applications through the conclusion of Fiscal Year (FY) 2010 or until funds are exhausted, whichever comes first. The application process will be open and continuous with cycle consideration periods for receipt of applications and supporting documents beginning on June 2, 2009. All eligible applications with Health Profession Shortage Area (HPSA) scores ranging from the highest HPSA score to a HPSA score of zero (0) will be funded each cycle until funds are exhausted. Therefore applicants are encouraged to apply early.

Applicants who submitted an electronic application to the NHSC LRP during the FY 2009 application cycle that opened on December 2, 2008 and closed on January 31, 2009 **do not** need to submit an electronic application for the funding opportunities announced in this Applicant Information Bulletin. The FY 09 electronic application previously submitted will be used to consider these applicants for these funding opportunities. However, if an applicant only submitted an electronic application and none of the supporting documents, these supporting documents will need to be completed and submitted before his/her application can be considered for funding.

To be considered for funding during the open and continuous period, applications and supporting documents must be received by one of the cycle consideration periods listed below.

- Cycle 1 – July 16, 2009
- Cycle 2 - August 27, 2009
- Cycle 3 – November 19, 2009
- Cycle 4 – February 25, 2010
- Cycle 5 – April 29, 2010
- Cycle 6 – July 29, 2010

Electronic Submission of the Application and the Bureau of Clinician Recruitment and Service Information System (BCRSIS) Banking Information

Individuals who did not submit an electronic application during the application cycle which opened on December 2, 2008 and closed on January 31, 2009 are **required** to submit the application and banking information through BCRSIS electronically and to print the "BCRSIS Receipt of

Submission” (banking information submission confirmation) by 5:00 p.m. Eastern Time (ET) on the cycle submission deadline in which the individual is applying. A hard copy of the online application must also be printed, signed and mailed along with the “BCRSIS Receipt of Submission” to NHSC LRP, c/o FocalPoint Consulting Group, 1025 Vermont Avenue NW, Suite 1000, Washington, DC 20005. These documents must be received or postmarked by the cycle submission deadline in which the individual is applying.

If you are unable to print a copy of the “BCRSIS Receipt of Submission”, please complete the following 2 steps:

- 1) Contact the HRSA Call Center to log a help-ticket toll-free at 1-800-221-9393 (TTY: 1-877-897-9910), Monday – Friday (except Federal Holidays) 9:00 a.m. to 5:30 p.m. ET.
- 2) Complete the Banking Update Form (by the cycle submission deadline in which the individual is applying) which may be found at <http://www.fms.treas.gov/ef/1199a.pdf>. The completed form must be received or postmarked by the deadline date of the application cycle in which the individual is applying. Please submit the completed form to: Division of Applications and Awards, NHSC LRP, 5600 Fishers Lane, Room 8-37, Rockville, MD 20857.

Changes to Banking Information after Submission: Only the Health Resources and Services Administration’s (HRSA) staff can enter any relevant changes to the electronic banking information once it has been submitted through BCRSIS and a “BCRSIS Receipt of Submission” has been printed. However, if changes are required, applicants must complete the Banking Update Form which may be found at <http://www.fms.treas.gov/ef/1199a.pdf> and mail the completed form to the Division of Applications and Awards, NHSC LRP, 5600 Fishers Lane, Room 8-37, Rockville MD 20857.

Submission of Supplemental Forms/Documentation to Complete Application Package

In addition to submitting electronic and signed hard copies of the application and the banking information electronically and printing a copy of the “BCRSIS Receipt of Submission” by 5:00 p.m. Eastern Time (ET) on the cycle submission deadline in which the individual is applying, there are required supplemental forms and supporting documentation, described in the *Bulletin*, which must be submitted by the cycle submission deadline date in which the individual is applying (postmark date) to NHSC LRP, c/o Focal Point Consulting Group, 1025 Vermont Avenue NW, Suite 1000, Washington, DC 20005.

Applications will undergo an initial review to determine the completeness of the application package submitted in response to the submission deadline in which the individual is applying. Failure to provide the necessary [supplemental forms/documents](http://nhsc.hrsa.gov/loanrepayment/nhscirpforms.pdf) (<http://nhsc.hrsa.gov/loanrepayment/nhscirpforms.pdf>) may result in the application being deemed incomplete which may preclude the application from further review for funding consideration during the cycle submission deadline date in which you applied. However, your application will be held and considered for funding under the next cycle submission date if the missing information is received. (Note: Last cycle submission deadline date is July 29, 2010.). It is the applicant’s responsibility to submit a complete application package.

The Associate Administrator, BCRS, or his/her designee, may authorize an extension of published deadlines when justified by circumstances such as acts of nature (e.g., floods or hurricanes), widespread disruptions of mail service, or other disruptions, such as a prolonged blackout. The

authorizing official will determine the affected geographical area(s) and the length of the extension granted.

NHSC LRP Awards are Only Made by the Secretary of Health and Human Services (the “Secretary”) or his/her Designee

Only the Secretary or his/her designee can make an NHSC LRP contract award. An NHSC LRP award cannot be guaranteed by a site or a Primary Care Office, a Primary Care Association, or any other person or entity.

Changes to Applicant Contact and/or Employment Information

It is imperative that applicants notify the NHSC LRP within two weeks, by e-mail at nhscrlp@hrsa.gov, of any changes to their contact information (name change, e-mail address, mailing address, or telephone number) or site/employment information

Eligible Service Sites

All NHSC clinicians must provide full-time clinical practice (as defined by the NHSC) in their profession (as defined by the NHSC) at sites which are located in federally designated Health Professional Shortage Areas (HPSAs) ***and*** are approved by the NHSC.

If an applicant’s site is not approved by the NHSC at the time the application is submitted, that site must complete and submit a Multi-Year Recruitment and Retention Assistance (R&R) Application to the Division of Site and Clinician Recruitment. The R&R Application may be obtained at <http://nhsc.hrsa.gov/communities/apply.htm>.

Employment Changes during the Application Process

The applicant must contact the NHSC LRP ***immediately*** by e-mail at nhscrlp@hrsa.gov, if there are any changes to the applicant’s employment status at the site(s) identified in the application (e.g., applicant no longer employed by the site, applicant’s position at the site no longer meets NHSC definition of full-time clinical practice, etc.).

A change in practice site(s) will be processed provided the applicant submits a Community Site Information Form for each new site and documentation of the site’s HPSA status.

A change in practice site(s) for which the above documentation was not submitted by the application cycle deadline in which the individual is applying will not be considered for that cycle. Individuals in this category should request to be considered for the next cycle consideration period.(see below).

Withdrawal of an Application Prior to Receiving a Contract Award

An applicant may withdraw his/her application any time prior to the Secretary or his/her designee countersigning the contract submitted with your application. The NHSC LRP projects that the Secretary or his/her designee will sign award contracts throughout the open continuous period through September 2010 or until funds are exhausted, whichever comes first.

An applicant whose plans and/or circumstances change, such that the applicant is uncertain of his/her future ability to comply with the 2-year NHSC service obligation at the site(s) identified in his/her application, should withdraw his/her application immediately. Failure to do so would result

in the contract being countersigned by the Secretary and the applicant incurring a legal obligation to provide the services or face substantial monetary damages for breach of the service obligation.

An individual who withdraws his/her application would be free to reapply to the NHSC LRP during the open and continuous application cycle until July 29, 2010.

NHSC LRP Contract Dates

An applicant's signature alone on the NHSC LRP contract **does not** constitute a contractual agreement. The NHSC LRP contract becomes effective for the service obligation period entered in the contract once the contract is countersigned by the Secretary or his/her designee.

Termination of the Contract Award

Once the NHSC LRP contract is countersigned by the Secretary or his/her designee there is a limited timeframe during which the Secretary or his/her designee may terminate contracts awarded. Awardees desiring to terminate a contract awarded, must do so no later than **August 17 of the Fiscal Year in which the award is made**, (1) submitting a written request to terminate the contract and (2) repay all amounts paid to, or on behalf of, the awardee under the contract. The written request and check should be mailed to the NHSC LRP, 5600 Fishers Lane, Room 8-37, Rockville, MD 20857. The check should be payable to "Department of Health and Human Services."

The **August 17** deadline is statutory. Consequently, there are no exceptions to this date. The Federal Fiscal Year for 2009 is defined as October 1, 2008, through September 30, 2009. The Federal Fiscal Year for 2010 is defined as October 1, 2009, through September 30, 2010.

Use of NHSC LRP Award Disbursements

All loan repayment award disbursements received by a participant **MUST** be used by the participant to repay balances for qualifying educational loans within 30 days of receipt of funds. The applicant may be responsible for any interest calculated beyond the 30-day period. NHSC LRP loan repayment award funds received by a participant may not be used to pay taxes or other debts. A payment history from the lender/holder will be required within 45 days of making payments. The payment history should be mailed to the NHSC LRP, 5600 Fishers Lane, Room 8-37, Rockville, MD 20857.

Should funds be available for an amendment contract, the participant will be asked to provide a payment history demonstrating that the NHSC LRP funds received were applied to the qualifying educational loan balances.

NHSC LRP Award Funds Are Not Taxable

NHSC LRP award funds made to participants are exempt from Federal income and employment taxes. These funds are not included as wages when determining benefits under the Social Security Act.

Breach of the NHSC LRP Contract

Please refer to page 26 of this Bulletin for the specific information pertaining to this subject matter.

Mandatory NHSC Loan Repayor Orientation Conference for Awardees

NHSC LRP participants are required to attend an NHSC Loan Repayor Orientation Conference. Conference objectives include providing 1) mandatory orientation and training opportunities designed to assist participants in successfully completing their NHSC LRP service commitment and 2) practical resources and tools to make service to the underserved a most fulfilling experience. An applicant may not register for a conference unless the applicant has been notified, in writing, that he or she has been awarded an NHSC LRP contract. The NHSC will cover the cost of travel, lodging, ground transportation, and meal and incidental expenses during the conference. If an awardee is unable to attend a face-to-face conference, he or she will be required to participate in an internet-based training session. Awardees will be notified by mail and/or email of upcoming conferences and internet-based training sessions. Conference dates will also be posted on the NHSC web site.

Telephone Conferences for Applicants

The NHSC LRP will conduct telephone conferences for applicants who have questions during the open and continuous application cycle. The telephone conferences will be available for 2 hours each day from 2:30 pm to 4:30 pm, ET.

A schedule of the telephone conferences and participant instructions may be found on the NHSC web site at <http://nhsc.hrsa.gov/loanrepayment/>.

TABLE OF CONTENTS

	<u>PAGE</u>
REQUIRED DOCUMENTATION SUMMARY	12
A. INTRODUCTION	13
1. Purpose of the National Health Service Corps Loan Repayment Program.....	13
2. Important Items for Applicants to Consider.....	13
B. DEFINITIONS	13
C. ELIGIBILITY REQUIREMENTS AND FUNDING PREFERENCES	15
1. Eligibility Requirements to Participate.....	15
2. Qualification Factors	19
3. Funding Preferences.....	21
D. SERVICE REQUIREMENTS	22
1. Two-Year Service Requirement.....	22
2. Contract Amendment Awards	22
E. BENEFITS	23
1. Loan Repayments	23
2. Method of Disbursing Payment.....	23
3. Salary	23
F. QUALIFYING EDUCATIONAL LOANS	24
1. Loans Qualifying for Repayment.....	24
2. Loans <u>Not</u> Qualifying for Repayment.....	24
3. Consolidated/Refinanced Loans	24
G. COMMUNITY SITE EMPLOYMENT	25
1. General Information	25
H. FULL-TIME CLINICAL PRACTICE	26
I. LEAVING THE COMMUNITY SITE	27
J. BREACHING THE NHSC LRP CONTRACT	28
K. SUSPENSION, CANCELLATION AND TERMINATION	29
L. THE APPLICATION PROCESS	30
M. POWER OF ATTORNEY, PRIVACY ACT RELEASE AUTHORIZATION AND CHANGE OF CONTACT INFORMATION	30
N. FORMS	32
O. NHSC LRP APPLICATION CHECKLIST	33
P. NHSC LRP COMMUNITY SITE INFORMATION FORM	35
Q. INSTRUCTIONS FOR COMPLETING THE LOAN INFORMATION AND VERIFICATION FORM	36

R. LOAN INFORMATION AND VERIFICATION FORM.....37

S. STATEMENT OF CUSTOMER RIGHTS UNDER THE RIGHT TO FINANCIAL PRIVACY ACT OF 1978
..... 38

T. AUTHORIZATION TO RELEASE INFORMATION FORM..... 39

U. CONTRACT..... 40

V. INSTRUCTIONS FOR SUBMITTING LOAN DOCUMENTATION TO THE NHSC LRP 42

W. EXAMPLES OF LOAN DOCUMENTATION FORMS 44

X. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, DISQUALIFICATION AND
RELATED MATTERS FORM..... 51

National Health Service Corps Loan Repayment Program

Required Documentation Summary

(All documents must be completed and signed as described in the Bulletin)

Applicants who submitted an electronic application to the National Health Service Corps Loan Repayment Program during the Fiscal Year (FY) 2009 application cycle that opened on December 2, 2008 and closed on January 31, 2009 **do not** need to submit an electronic application for the funding opportunities announced in this Applicant Information Bulletin. The FY 09 electronic application previously submitted will be used. However, if an applicant only submitted an electronic application and none of the supporting documents, these supporting documents will need to be completed and submitted before his/her application can be considered for funding.

Submit electronic NHSC LRP Application and Print out, sign & submit a paper copy of electronic application
Submit electronic BCRSIS Banking Information and Print out, sign & submit Receipt of BCRSIS Banking Information
Submit Community Site Information Form(s)
Submit Loan Information and Verification Form(s)
Submit Copy of the Promissory Note/Master Promissory Note, Disclosure Statements or National Student Loan Data System report
Submit Copy of Current Account Statements for each loan submitted
Submit Signed and Dated NHSC LRP Contract
Submit NHSC LRP Checklist
Submit Signed and Dated Biographical Statement
Submit a Current Curriculum Vitae or Resume
Submit Proof of U.S. Citizenship or U.S. National (<i>copy of birth certificate, passport, or naturalization certificate</i>)
Submit Certification Regarding Debarment, Suspension, Disqualification and Related Matters Form
Submit Authorization to Release Information Form
Submit Two Letters of Reference (<i>dated after October 1, of the fiscal year the applicant is applying</i>)
Submit Copy of Your Specialty Board Certification or Residency Completion Certificate (MDs, DOs, DDs)
Submit Copy of Your Health Professional Degree or Certificate
Submit Copy of Your National Certification (<i>PAs, NPs, NMs, PNSs, LPCs, MFTs</i>)
Submit Copy of Your Permanent License in the State of Practice
Submit Copy of Your National Board Examination Results (<i>SWs, DHs, HSPs</i>)
DOCUMENTATION TO SUBMIT WITH APPLICATION ONLY IF APPLICABLE
Submit Documentation of Status as a Member of Reserve Component of the Armed Forces (<i>if applicable</i>)
Submit Letter from Entity to which Existing Service Obligation is Owed (<i>if applicable</i>)
Submit Two <i>Additional</i> Letters of Reference, if working less than 1 year at your present position (<i>dated after October 1, of the fiscal year the applicant is applying</i>) (<i>if applicable</i>)
Submit Privacy Act Release Authorization Form (<i>if applicable</i>)
Submit Disadvantaged Background Documentation (<i>if applicable</i>)
Submit Exceptional Financial Need Documentation (<i>if applicable</i>)
Submit Power of Attorney (<i>if applicable</i>)

Submission Deadline Dates: To be considered during the open and continuous period, applications and supporting documents must be received by one of the cycle consideration periods listed below:

- Cycle 1 – July 16, 2009
- Cycle 2 - August 27, 2009
- Cycle 3 – November 19, 2009
- Cycle 4 – February 25, 2010
- Cycle 5 – April 29, 2010
- Cycle 6 – July 29, 2010

A. INTRODUCTION

1. Purpose of the National Health Service Corps (NHSC) Loan Repayment Program (LRP)

The purpose of the NHSC LRP is to ensure an adequate supply of health professionals to provide primary health services (through a culturally competent, interdisciplinary team of clinicians) to populations located in selected Health Professional Shortage Areas (HPSAs) identified by the Secretary of Health and Human Services. HPSAs can be found in rural and urban communities across the Nation. The NHSC LRP recruits fully trained health professionals who agree to provide primary health services in NHSC community sites. In return, the NHSC LRP assists clinicians in their repayment of qualifying educational loans that are still owed. The NHSC seeks clinicians who demonstrate the characteristics for and interest in serving the Nation's medically underserved populations and remaining in HPSAs beyond their service commitment. It is important to remember that service to HPSA populations not the repayment of educational loans, is the primary purpose of the NHSC LRP.

2. Important Items for Applicants to Consider:

- The NHSC LRP is a highly competitive program with limited funding. **An NHSC LRP contract award is contingent upon availability of funds.** All eligible applications with Health Professional Shortage Area (HPSA) scores ranging from the highest HPSA score to a HPSA score of zero (0) will be funded each cycle until funds are exhausted. Therefore applicants are encouraged to apply early.
- The [Application Checklist](#) and the NHSC LRP [Summary of Important Dates](#) identifies all of the documents that must be submitted by the NHSC application cycle deadline date in which the applicant is applying (**postmark date**).
- Reference materials for completing this application are available on the NHSC Web site. The NHSC Web site can be found at <http://nhsc.hrsa.gov/>. The **Application Form** is available online at <https://lrpbcrs.hrsa.gov/>
- Employment at a community site posted on the NHSC Opportunities List does not guarantee an NHSC LRP contract award.
- NHSC LRP participants cannot be guaranteed a contract amendment (additional loan repayment funds) for continued participation in the program beyond the initial 2-year contract period.
- Applicants must provide the NHSC LRP with written notification of any changes in their contact information (email address, mailing address, or telephone number) no later than 2 weeks after the change occurs. A change of address form is available on our website for your convenience at <http://nhsc.hrsa.gov/loanrepayment/changeaddress.pdf>.
- An applicant may withdraw his/her application **anytime before a contract is countersigned by the Secretary or his/her designee**. After an applicant is awarded a contract, the Secretary or his/her designee may terminate the contract if certain conditions are met by the participant on or before **August 17 of the Fiscal Year the award is made**. There are no exceptions to the **August 17** date; this is a statutory deadline.

B. DEFINITIONS

Amendment Contract – An amendment contract is an optional 1-year extension of a 2-year NHSC LRP contract. Note: NHSC LRP participants cannot be guaranteed an amendment contract (additional loan repayment funds) for continued participation in the program beyond the initial 2-year period.

Commercial Loans - Commercial loans are defined as loans made by banks, credit unions, savings and loan associations, insurance companies, schools, and other financial or credit institutions which are subject to examination and supervision in their capacity as lenders by an agency of the United States or of the State in which the lender has its principal place of business.

Default of payment obligation – Failure to repay a loan according to the terms of the promissory note. (i.e. failure to make a monthly payment for 120 days).

Default of service obligation – Failure for any reason to begin or complete the entire contract in which he or she is obligated to fulfill a service commitment.

Disadvantaged Background – Certification from a school that an individual was identified as having a “disadvantaged background” based on environmental and/or economic factors.

Division of Applications and Awards (DAA) – A division of the Bureau of Clinician Recruitment and Service, Health Resources and Services Administration.

EFN – Documentation from a school that an individual was awarded assistance based on Exceptional Financial Need (Physicians and Dentists).

Fiscal Year (FY) - The Federal FY is defined as October 1 through September 30.

Full-Time Clinical Practice - Working a minimum of 40 hours per week, for a minimum of 45 weeks per service year in a NHSC-approved primary care setting. Please refer to Section H of this bulletin for a more detailed explanation of the [full-time clinical practice requirement](#).

Government Loans - Government loans are loans made by Federal, State, county or city agencies authorized by law to make such loans.

Health Professional Shortage Area (HPSA) – A HPSA is a geographic area, population group, public or nonprofit private medical facility or other facility determined by the Secretary of Department of Health and Human Services to have a shortage of primary health care professionals. HPSAs may be identified on the basis of agency or individual requests for designation. Information considered when designating a **primary care HPSA** include health provider to population ratios, rates of poverty, and access to available **primary health services**. These HPSAs are designated by the Office of Shortage Designation, within HRSA’s Bureau of Health Professions, pursuant to Section 332 of the PHS Act (Title 42, U.S. Code, Section 254e) and implementing regulations (Title 42, Code of Federal Regulations, Part 5). Specific NHSC sites are approved by the Bureau of Clinician Recruitment and Service, pursuant to Sections 333 and 333A of the PHS Act (Title 42, U.S. Code, Sections 254f and 254f-1).

Health Resources and Services Administration (HRSA) – An operating agency of the Department of Health and Human Services.

Holder - The commercial or Government institution that currently holds the promissory note for the qualifying educational loan (e.g., Sallie Mae, PHEAA, etc.)

Federal Judgment Lien – A judgment lien is a court ordered lien that is placed against an individual’s home or property when a judgment is entered against his/her for an unpaid Federal debt such as Federal taxes, a Federal student loan, or Federally-insured home mortgage..

Lender – The commercial or Government institution that initially made the qualifying loan (e.g., Department of Education).

National Health Service Corps (NHSC) - "The Emergency Health Personnel Act of 1970," Public Law 91-623, established the NHSC on December 31, 1970. The NHSC Program, within the Department of Health and Human Services, was created to eliminate the health professional shortages in HPSAs through the assignment of trained health professionals to provide primary health services in HPSAs. The NHSC seeks to improve the health of underserved Americans by bringing together communities in need and quality primary health care professionals.

National Health Service Corps (NHSC) Loan Repayment Program (LRP) - The NHSC LRP is authorized by Section 338B of the PHS Act, as amended. Under the NHSC LRP, clinicians provide primary care health services in HPSAs in exchange for funds for the repayment of their qualifying educational loans. The NHSC LRP selects fully trained and licensed, or certified where applicable, primary health care clinicians dedicated to meeting the health care needs of medically underserved HPSA communities.

Primary Health Services – Means health services regarding family medicine, internal medicine, pediatrics, obstetrics and gynecology, dentistry, or mental health, that are provided by physicians or other professionals.

Qualifying Educational Loans - Qualifying educational loans are Government and commercial loans for actual costs paid for tuition and reasonable educational and living expenses related to the undergraduate or graduate education of the participant prior to his or her receipt of the health professions degree being utilized by the NHSC LRP. Such loans must have documentation that is contemporaneous with the education received. Participants will receive funds for repayment of qualifying educational loans that are still owed. If the applicant has consolidated otherwise qualifying educational loans with any other debt or consolidated his/her loans with loans of another individual, the consolidated loan is ineligible. **Residency relocation loans are not eligible.**

Reasonable Educational Expenses - Reasonable educational expenses are the costs of education, exclusive of tuition, such as fees, books, supplies, clinical travel, educational equipment and materials, which do not exceed the school's estimated standard student budget for educational expenses for the participant's degree program and for the year(s) of that participant's enrollment.

Reasonable Living Expenses - Reasonable living expenses are the costs of room and board, transportation and commuting costs, and other costs which do not exceed the school's estimated standard student budget for living expenses at that school for the participant's degree program and for the year(s) of that participant's enrollment.

State - As used in this *Bulletin*, State includes the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, Territory of American Samoa, Territory of Guam, Republic of Palau, Republic of the Marshall Islands, and Federated States of Micronesia.

Unencumbered License - An unencumbered license means a license that is not revoked, suspended, or made probationary or conditional by the State licensing or registering authority as the result of disciplinary action.

C. ELIGIBILITY REQUIREMENTS, QUALIFICATION FACTORS AND FUNDING PREFERENCES

1. Eligibility Requirements to Participate

a. Citizenship

Applicants for the NHSC LRP must be citizens of the United States (either U.S. born or naturalized). All applicants must submit documentation to verify U.S. citizenship or status as a U.S. national (e.g., a copy of a birth certificate, a certificate of citizenship, passport or naturalization certificate) with the application material. Permanent residents of the U.S. are not eligible to apply.

b. Training and Licensure Requirements for Clinicians

Applicants must meet discipline and specialty-specific education and training requirements as described below. In addition, applicants **must** possess and maintain a current, full, permanent, unencumbered health professional license (or, if applicable, a current full, permanent, unencumbered certificate or registration) to practice in the State in which they intend to practice to fulfill their NHSC LRP service obligation.

Primary Medical and Nursing Care

- **Allopathic (MD) or Osteopathic (DO) physicians** must have:
 - 1) certification in a primary care specialty from a specialty board approved by the American Board of Medical Specialties or the American Osteopathic Association, **OR**
 - 2) completed a residency program in a primary care specialty, approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, **AND**
 - 3) a current, full, permanent, unencumbered health professional license (or, if applicable, a current full, permanent, unencumbered certificate or registration) which is from the State in which the applicant intends to practice to fulfill his/her NHSC LRP service obligation.
 - 4) For Geriatrics, applicants must have the following; a) serve in an approved full-time geriatrics practice, and b) provide specific documentation of training and experience.

The approved primary care specialties for physicians are family medicine, obstetrics/gynecology, general internal medicine, geriatrics, general pediatrics, or general psychiatry. Although general psychiatrists must meet the above qualifications for physicians, psychiatrist must serve exclusively in mental health HPSAs.

- **Primary Care Certified Nurse Practitioners (NPs)** must have:
 - 1) a master's degree, post-master's certificate, or doctoral degree from a school accredited by the National League for Nursing Accrediting Commission or the Commission on Collegiate Nursing Education, in one of the primary care nurse practitioner specialties listed below, **AND**

- 2) national certification by the American Nurses Credentialing Center (ANCC), the American Academy of Nurse Practitioners (AANP), the Pediatric Nursing Certification Board (formerly the National Certification Board of Pediatric Nurse Practitioners and Nurses), or the National Certification Corporation, **AND**
- 3) a current, full, permanent, unencumbered health professional license (or, if applicable, a current, unencumbered certificate or registration) which is from the State in which the applicant intends to practice to fulfill his/her NHSC LRP service obligation.

The primary care specialties for nurse practitioners are adult, family, pediatric, psychiatry/mental health, geriatrics, or women's health.

- **Certified Nurse-Midwives (NMs)** must have:
 - 1) a master's degree or post-baccalaureate certificate, from a school accredited by the American College of Nurse-Midwives (ACNM), **AND**
 - 2) national certification by the American Midwifery Certification Board (formerly known as the ACNM Certification Council) **AND**
 - 3) a current, full, permanent, unencumbered health professional license (or, if applicable, a current, unencumbered certificate or registration) which is from the State in which the applicant intends to practice to fulfill his/her NHSC LRP service obligation.
- **Primary Care Physician Assistants (PAs)** must have:
 - 1) a certificate of completion or an associate, bachelor's or master's degree from a physician assistant educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant at a college, university or educational institution that is accredited by a U.S. Department of Education nationally recognized regional or State institutional accrediting agency, **AND**
 - 2) national certification by the National Commission on Certification of Physician Assistants, **AND**
 - 3) a current, full, permanent, unencumbered health professional license (or, if applicable, a current, unencumbered certificate or registration) which is from the State in which the applicant intends to practice to fulfill his/her NHSC LRP service obligation.

Primary Care Dentistry

- **General Practice Dentists** must have:
 - 1) a **D.D.S.** or **D.M.D.** degree, from a program accredited by the American Dental Association (ADA), Commission on Dental Accreditation, **AND**
 - 2) a current, full, permanent, unencumbered health professional license which is from the State in which the applicant intends to practice to fulfill his/her NHSC LRP service obligation.
- **Pediatric Dentists** must have:
 - 1) a **D.D.S.** or **D.M.D.** degree, from a program accredited by the American Dental Association (ADA) Commission on Dental Accreditation, **AND**
 - 2) have completed a 2-year training program in the specialty of pediatric dentistry that is accredited by the ADA Commission on Dental Accreditation, **AND**
 - 3) a current, full, permanent, unencumbered health professional license which is from the State in which the applicant intends to practice to fulfill his/her NHSC LRP service obligation.
- **Dental Hygienists (DHs)** must have:
 - 1) graduated from a 4-year program with a bachelor's degree in dental hygiene, **OR**
 - 2) graduated from a 2-year dental hygiene training program with a diploma, certificate or associate degree **and** have at least one year of experience as a licensed dental hygienist, **AND**
 - 3) successfully passed the National Board Dental Hygiene Examination, **AND**
 - 4) a current, full, permanent, unencumbered health professional license (or if applicable, a current unrestricted, unencumbered certificate or registration) to practice in the State in which they intend practice to fulfill his/her NHSC LRP service obligation.

The programs must be accredited by the American Dental Association, Commission on Dental Accreditation.

Primary Care Behavioral and Mental Health

The NHSC recognizes that States have varying educational, experience and testing requirements for the licensing of behavioral and mental health clinicians. It is important to note that the purpose of the NHSC LRP is to ensure an adequate supply of health professionals to provide primary health services to populations located in health professional shortage areas (HPSAs) throughout the United States. Consequently, the NHSC adheres to national certification and licensing standards detailed below to assure that its clinicians have the ability to obtain licensure in multiple States throughout the country as community needs dictate or arise.

Although general psychiatrists must meet the above qualifications for physicians, psychiatrist must serve exclusively in mental health HPSAs.

- **Health Service Psychologists (HSP)** (formerly *Clinical and Counseling Psychologists*) must have:
 - 1) a doctoral degree (Ph.D. or equivalent) directly related to full professional work in clinical or counseling psychology from a school accredited by the American Psychological Association, Committee on Accreditation, **AND**
 - 2) a minimum of one year of post-graduate supervised clinical experience, **AND**
 - 3) successfully passed the Examination for Professional Practice of Psychology (EPPP), **AND**
 - 4) the ability to practice independently and unsupervised as a health service psychologist, **AND**
 - 5) a current, full, permanent, unencumbered health professional license (or if applicable, a current, unencumbered certificate or registration) to engage in the independent and unsupervised practice of clinical or counseling psychology in the State in which they intend to practice to fulfill their NHSC LRP service obligation.

Individuals practicing solely as educational psychologists are not eligible to participate in the NHSC LRP.

- **Licensed Clinical Social Workers (LCSWs)** must have:
 - 1) a master's degree or doctoral degree in social work from a school accredited by a recognized accrediting body approved by the Secretary of the U.S. Department of Education, **AND**
 - 2) two years post-graduate supervised clinical experience, **AND**
 - 3) successfully passed the Association of Social Work Boards (ASWB) Clinical or Advanced licensing exam prior to *July 1, 1998*, or the ASWB Clinical exam on or after *July 1, 1998*, **AND**
 - 4) the ability to practice independently and unsupervised as a licensed clinical social worker, **AND**
 - 5) a current, full, permanent, unencumbered health professional license (or, if applicable, a current, unencumbered certificate or registration) to practice, at the level of licensure that allows them to practice independently and unsupervised as a Clinical Social Worker, in the State in which they intend to practice to fulfill their NHSC LRP service obligation.
- **Psychiatric Nurse Specialists (PNSs)** must be registered nurses, **AND**
 - 1) have a master's degree or higher degree in nursing from an accredited program with a specialization in psychiatric/mental health **and** 2 years of post-graduate supervised clinical experience in psychiatric/mental health nursing, **OR**
 - 2) have a baccalaureate or higher degree in nursing from an accredited program, **AND**
 - 3) be certified by the American Nurses Credentialing Center as a Psychiatric and Mental Health Nurse, Clinical Specialist in Adult Psychiatric and Mental Health Nursing, or Clinical Specialist in Child and Adolescent Psychiatric and Mental Health Nursing, **AND**
 - 4) must be licensed as a registered nurse (or a PNS if applicable) in the State in which they intend to practice, **AND**
 - 5) have a current, full, permanent, unencumbered health professional license (or if applicable, a current, unencumbered certificate or registration) to practice in the State in which they intend to practice to fulfill their NHSC LRP service obligation.

Nursing programs must be accredited by the National League for Nursing Accrediting Commission or the Commission on Collegiate Nursing Education

- **Marriage and Family Therapists (MFTs) must:**
 - 1) have completed a master's or doctoral program in marriage and family therapy from a program accredited by the American Association for Marriage and Family Therapy, Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) or earned a graduate degree in another mental health field (psychiatry, psychology, clinical social work, psychiatric nursing, etc.) and completed a COAMFTE accredited post-graduate degree clinical training program in marriage and family therapy, **AND**
 - 2) have at least 2 years of post-graduate supervised clinical experience in practice as a marital and family therapist, **OR**
 - 3) be clinical members of the American Association for Marriage and Family Therapy (AAMFT), **AND**
 - 4) have a current, full, permanent, unencumbered health professional license (or if applicable, a current, unencumbered certificate or registration) to practice independently and unsupervised as a MFT in the State in which they intend to practice to fulfill their NHSC LRP service obligation, **OR**
 - 5) if such licensure is not available in the State of intended practice, have a current, full, permanent, unencumbered health professional license (or if applicable, a current, unencumbered certificate or registration) to practice independently and unsupervised as a MFT in a State.

- **Licensed Professional Counselors (LPCs) must:**
 - 1) have a master's degree or higher degree with a major study in counseling from a school accredited by a U.S. Department of Education nationally recognized regional or State institutional accrediting agency, **AND**
 - 2) have at least 2 years of post-graduate supervised counseling experience, **AND**
 - 3) be certified as a National Certified Counselor (NCC) or a Certified Clinical Mental Health Counselor (CCMHC) by the National Board for Certified Counselors, **AND**
 - 4) have a current, full, permanent, unencumbered health professional license (or if applicable, a current, unencumbered certificate or registration) to practice independently and unsupervised as an LPC in the State in which they intend to practice to fulfill their NHSC LRP service obligation, **OR**
 - 5) if such licensure is not available in the State of intended practice, have a current, full, permanent, unencumbered health professional license (or if applicable, a current, unencumbered certificate or registration) to practice independently and unsupervised as an LPC in a State.

NOTE: School and Career LPCs are not eligible to participate in the NHSC LRP.

c. Medicare/Medicaid/State Children's Health Insurance Program Participation

Applicants to the NHSC LRP must participate in or be eligible to participate as a provider in the Medicare, Medicaid and State Children's Health Insurance Programs. All NHSC community sites and clinicians must accept assignment under the Medicare Program and enter into appropriate agreements with the State Medicaid and Children's Health Insurance Programs. Therefore, all NHSC community sites and their clinicians (NHSC and non-NHSC) must be eligible to receive Medicare/Medicaid/State Children's Health Insurance Program payment for any items or services they furnish, order or prescribe.

d. No Other Service Obligations

Applicants who have an outstanding contractual obligation for service to the Federal Government (e.g., an active military obligation or a Nursing Education Loan Repayment Program obligation), a State (e.g., State Loan Repayment Program or Scholarship Program obligation) or other entity may apply; however, are not eligible for award and participation in the NHSC LRP until the existing service obligation has been fully satisfied. Be aware that certain bonus clauses in employment contracts may impose a service obligation. The applicant is required to submit a letter, on business letterhead, indicating the date the service obligation will be completed.

Exception: Members of a Reserve Component of the Armed Forces. Individuals in a Reserve component of the Armed Forces or National Guard are eligible to participate in the NHSC LRP. However, reservists should understand the following:

- Placement opportunities for reservists may be limited by the NHSC in order to minimize the negative impact that a deployment would have on the vulnerable populations served by the reservist.
- Military training or service performed by reservists will not satisfy the NHSC service commitment. If a participant's military training and/or service, in combination with the participant's other absences from the service site, will exceed 7 weeks (35 workdays) per service year, the participant should request a suspension. See Sections H ([full-time clinical practice](#)) and K ([suspension of the NHSC LRP obligation for military active](#))

[duty](#)) of this *Bulletin* for more information. The NHSC LRP service obligation end date will be extended to compensate for the break in NHSC service.

- If the approved NHSC community site where the reservist is serving at the time of his/her deployment is unable to reemploy that reservist, the NHSC will reassign the participant to another NHSC-approved community site to complete his or her remaining NHSC service commitment. Because it is sometimes difficult to identify short-term assignments, a participant may be asked by the community site to sign an employment contract which extends beyond the completion date of his or her NHSC service commitment.

e. No Breach of a Prior Service Obligation

Applicants in breach of a prior service obligation for health profession service to the Federal government or a State or local government are not eligible to participate in the NHSC LRP.

f. No Judgment Lien for a Federal Debt

An applicant must be free of any judgment liens against his/her property arising from a debt owed to the United States. Debtors with judgment liens for Federal debts are ineligible to receive Federal financial assistance..

Please be advised that the NHSC LRP will conduct a credit check as part of the selection criteria of the application process.

g. Not Excluded, Debarred, Suspended, or Disqualified By a Federal Agency

The receipt of funding under the NHSC LRP is a “covered transaction” pursuant to Title 2 of the Code of Federal Regulations (CFR) Part 180, as adopted by HHS pursuant to 2 CFR Part 376. Before entering into a LRP contract, the applicant is required, under Subpart C of Part 180, to report certain information which is described in the “[Certification Regarding Debarment, Suspension, Disqualification and Related Matters](#).” The applicant should sign the Certification that is applicable to his/her situation. Individuals who are currently excluded (suspended or debarred) or disqualified by a Federal Agency from participating in covered transactions are ineligible to receive an award under the NHSC LRP. (Individuals with reportable problems other than exclusion or disqualification may, or may not, be selected to participate in the NHSC LRP, based on the Program’s consideration and evaluation of the applicant’s circumstances.)

As a condition of participating in the NHSC LRP, a participant must agree to comply with the requirements of Subpart C of Part 180, which include providing immediate written notice to BCRS if the applicant learns that he/she failed to make a required disclosure or that a disclosure is now required due to changes or circumstances.

h. Submission of Complete Application

The [Checklist](#) and the [Required Documentation Summary](#) describe the application, forms and supporting documentation that must be submitted **by the NHSC LRP application cycle deadline in which the individual is applying**. If the application, other forms, and supporting documentation required to be submitted by the **application cycle deadline in which the individual is applying** are incomplete, the applicant may provide the necessary documentation and request that his or her application be considered during the next cycle submission period

2. Qualification Factors

Applications from eligible applicants will also be evaluated based on the following factors relevant to selecting qualified applicants to participate in the NHSC LRP.

a. Professional Competence and Conduct

Applicants must demonstrate satisfactory professional competence and conduct and, therefore, must submit the following:

- *Letters of recommendation from at least **two** individuals in a position to evaluate the applicant’s **current** clinical skills and attesting to the clinical competency of the applicant.* At least one of the two letters of reference ***must*** be from the applicant’s current employer unless the applicant is self-employed. If the applicant is self-employed, one of the reference letters ***must*** be from the Chief of the medical staff or the

credentials committee at the hospital where the applicant has admitting privileges (if he/she is a physician), or from an objective source such as a hospital or clinic credentials committee, a physician with whom the applicant has a collaborative practice agreement, or the Director of the applicant's training program (if he/she is not a physician). If the applicant is currently unemployed, one of the reference letters must be from the applicant's most recent former employer. Reference letters must be dated within the fiscal year of the cycle the applicant is applying. If the applicant has been working in his/her present position less than 1 year or is unemployed and had been working in his/her present position for less than 1 year, then **two additional** reference letters must be from the applicant's previous position. Program assessments and evaluations are not acceptable forms of reference; AND

- *A current resume/curriculum vitae, AND*
- *Biographical Statements.* Biographical statements **must be typed, dated and signed** and must provide, at a minimum, information regarding:
 1. Student or work experience with medically underserved populations (e.g., community or migrant health centers, free clinics, public health departments, and rural health clinics) during or after the applicant's health professions training. The Statement should include:
 - a. Location
 - b. Start and end dates for each student/work experience
 - c. Number of hours per week spent on the student/work experience
 - d. Brief description of the experience
 - e. The knowledge, skills, or abilities gained from the experience
 - f. Community effort which led to improved delivery of health services to underserved populations
 - g. Total number of years/months as a clinician providing primary care to underserved populations
 - h. Published primary care articles
 - i. Awards for primary care community efforts
 2. Language skills (including level of proficiency), if any, that the applicant uses or will use to provide services to the patient population of the NHSC community site.
 3. Awareness of the values, beliefs, and practices as they relate to the health of the population served by the NHSC community site. Include any knowledge, skills, and abilities that will be incorporated into practice to improve the delivery of health services to the population of the community site.
 4. A description of the applicant's current clinical duties and responsibilities and, if different, a description of the applicant's duties and responsibilities at the community site(s) identified in the applicant's Community Site Information Form.

NOTE: Please be advised that the NHSC LRP will obtain both the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) reports to ensure that all applicants demonstrate satisfactory professional competence and conduct.

b. Full-time Clinical Employment at an NHSC-Approved Community Site

The NHSC LRP is seeking clinicians able to commence service within 30-days of the submission deadline date in which he/she is applying. Consequently, before applying to the NHSC LRP, a clinician must have successfully completed or be in the final stages of negotiations for employment at one or more community site(s), as evidenced by 1) a signed job offer from the site and acceptance letter signed by the applicant or 2) a signed contract for employment with the community site. The employment status of the clinician at the NHSC-approved site(s) will be verified prior to award.

The community site(s) must be located in a designated health professional shortage area (HPSA) and have a current and approved [Multi-Year Recruitment and Retention Assistance \(R&R\) Application](#). All NHSC sites must be approved every three (3) years through the submission and approval of an R&R Application. If an applicant's site is not NHSC approved at the time of the application submission, the site must submit a [Multi-Year Recruitment and Retention Assistance Application](#) (<http://nhsc.hrsa.gov/communities/apply.htm>) for approval in order for the applicant to be considered for a NHSC LRP award to work at that specific site. For more information about eligible NHSC-approved community sites, see [Section G](#) of this *Bulletin*.

An applicant's employment must meet NHSC LRP [full-time clinical practice requirements](#) (e.g., work a minimum of 40 hours per week, providing direct patient care, in an NHSC approved outpatient setting, etc.).

An applicant may work at a **maximum of 4** approved NHSC sites (1 primary site and 3 satellites) to meet the NHSC full-time clinical practice requirement described in this *Bulletin*. However, the majority of the applicant's time must be spent at the approved NHSC community site with the highest HPSA score.

The applicant's employment at the approved-NHSC site(s) must begin within 30 days of the submission deadline date in which he/she is applying.

If the applicant leaves or loses his/her job at the community site identified in the application/Community Site Information Form, [the applicant must notify the NHSC LRP immediately](#).

c. History of Honoring Prior Obligations

The NHSC LRP will not select eligible applicants who have a history of not honoring prior legal obligations, as evidenced by one or more of the following factors:

- Default on any Federal payment obligations (e.g., Health Education Assistance Loans, Nursing Student Loans, FHA Loans, Federal income tax liabilities, federally guaranteed or insured loans such as student or home mortgage loans, etc.) or non-Federal payment obligations (e.g., court-ordered child support payments), **even if the applicants are currently considered to be in good standing by that creditor;**
- Default on a prior service obligation to the Federal government or a State or local government, **even if the applicants subsequently satisfied that obligation through service, monetary payment or other means;**
- Write off of any Federal or non-Federal debt as uncollectible or waiver of any Federal service or payment obligation; or
- Failure to apply all NHSC LRP funds previously received toward the applicants' qualifying educational loans.

Please be advised that a credit check will be performed as part of the application process.

3. Funding Preferences

Among applicants who have been determined to be eligible and qualified, the following funding preferences apply:

- a. Applicants with documented [disadvantaged background and/or EFN status](#) will be funded regardless of HPSA score.
- b. Applicants proposing to serve in an approved NHSC site with a **HPSA score of 10 or above** (HPSAs of greatest need) will be funded second. Awards will be made on an ongoing basis to applicants who propose to serve in an approved NHSC site with a HPSA score of 10 or above.
- c. To the extent funds remain available, applicants who propose to serve in an approved NHSC site with a HPSA score of less than 10 will be funded third, in order of decreasing HPSA score until funds are exhausted.
- d. In order to distribute the number of NHSC LRP clinicians across many NHSC community sites, the number of new NHSC placements through the Loan Repayment Program allowed at any one site is limited to the following:

HPSA Score: 14-26

- **Primary Health Care: no more than 15 allopathic (MD) or osteopathic (DO) physicians, and no more than a combined total of 15 Nurse Practitioners, Physician Assistants, or Certified Nurse Midwives. (Mental health clinicians in these disciplines are not included.)**
- **Dental Care: no more than 15 Dentists and 15 Dental Hygienists.**
- **Behavioral and Mental Health: no more than 15 Psychiatrists (MD or DO), and no more than a combined total of 15 Clinical or Counseling Psychologists, Licensed Clinical Social Workers, Licensed Professional Counselors, Marriage and Family Therapists, or Psychiatric Nurse Specialists.**

HPSA Score: 10-13

- **Primary Health Care: no more than 12 allopathic (MD) or osteopathic (DO) physicians, and no more than a combined total of 12 Nurse Practitioners, Physician Assistants, or Certified Nurse Midwives. (Mental health clinicians in these disciplines are not included.)**
- **Dental Care: no more than 12 Dentists and 12 Dental Hygienists.**
- **Behavioral and Mental Health: no more than 12 Psychiatrists (MD or DO), and no more than a combined total of 12 Clinical or Counseling Psychologists, Licensed Clinical Social Workers,**

Licensed Professional Counselors, Marriage and Family Therapists, or Psychiatric Nurse Specialists.

HPSA Score: 0-9

- **Primary Health Care: no more than 10 allopathic (MD) or osteopathic (DO) physicians, and no more than a combined total of 10 Nurse Practitioners, Physician Assistants, or Certified Nurse Midwives. (Mental health clinicians in these disciplines are not included.)**
 - **Dental Care: no more than 10 Dentists and 10 Dental Hygienists.**
 - **Behavioral and Mental Health: no more than 10 Psychiatrists (MD or DO), and no more than a combined total of 10 Clinical or Counseling Psychologists, Licensed Clinical Social Workers, Licensed Professional Counselors, Marriage and Family Therapists, or Psychiatric Nurse Specialists.**
- e. Eligible applicants are funded by decreasing HPSA score.
- f. If the number of eligible clinician applicants at the community sites exceeds the number of awards allowed per site, the loan repayment awards will be offered to clinicians in the order in which the clinicians are determined to be eligible based on their completed applications.
- g. All American Recovery and Reinvestment Act, NHSC LRP 2-year contracts will be awarded no later than **September 30, 2010**.

Applicants who are not selected to participate in the NHSC LRP will receive notice of their non-selection.

D. SERVICE REQUIREMENTS

1. Two-Year Service Requirement

An NHSC LRP participant agrees to provide 2 years of full-time clinical practice at the approved NHSC community site(s) stated on his/her application and on the Practice Agreement documents. See Sections G ([community site employment](#)) and H ([full-time clinical practice](#)) of this *Bulletin*.

A participant will not receive service credit for employment at an approved NHSC community site before the effective date of his/her NHSC LRP contract award. The NHSC LRP contract becomes effective the date signed by the Secretary or his/her designee or service obligation dates identified on the contract, whichever is later. Service credit will commence upon the effective date of the contract or the date service begins, whichever is later.

2. Contract Amendment Awards

NHSC LRP participants in good standing may have the opportunity to request amendments of their NHSC LRP contracts (in one year increments) to continue their service obligation at the approved NHSC community site(s) they are serving when their existing NHSC LRP contract ends, to the extent those participants continue to have unpaid qualifying educational loans. Amendments to NHSC LRP contracts will be made at the Government's discretion and are subject to the availability of funds appropriated by the United States Congress for the NHSC LRP. Participants cannot be guaranteed a contract amendment for continued participation in the NHSC LRP.

Applicants for contract amendments must, at a minimum:

- continue to meet the all program eligibility criteria;
- be in full compliance with their existing NHSC LRP service obligation;
- plan to work for the duration of the contract amendment at the same approved site(s) they are serving when they submit their amendment application; and
- have applied all NHSC LRP payments received to reduce their qualifying educational loans within 30 days of receipt of funds (payment histories from the lenders are required).

Participants who fail to meet one or more of the above criteria will not be eligible for a contract amendment or a new contract. **Complete contract amendment requirements can be found on the NHSC web site at <http://nhsc.hrsa.gov/loanrepayment/>.**

The amendment service period must begin **immediately** following the completion of the initial service commitment. The contract amendment will not become effective until the participant has fully completed the initial NHSC LRP service obligation.

E. BENEFITS

1. Loan Repayments

The NHSC LRP will provide funds to program participants to repay their outstanding qualifying educational loans (See [Section F](#) of this Bulletin).

a. The NHSC LRP will pay up to \$50,000 for two years of service, based on the participant's outstanding balance of qualifying educational loans. If the total amount of the participant's qualifying educational loans is less than \$50,000, the NHSC LRP will pay the remaining balance of the total qualifying educational loans (as quoted in a pay off balance provided by the lender/holder) for two years of service.

b. All loan repayments paid to the participant must be used by the participant to repay the approved qualifying educational loans **and must be applied within 30 days of receipt of funds.**

2. Method of Disbursing Payment

To assist NHSC LRP participants in reducing their educational debts in a shorter period of time and reduce the cost of these loans to the Federal government, the NHSC LRP will disburse payments to participants in the form of a lump sum payment. The lump sum payment will be electronically issued to the participants approximately 90 days after their contract start date.

Applicants should be aware that most lenders will expect you to continue to make monthly payments after you have applied the lump sum loan repayment award.

Note: Under the Treasury Offset Program, the Treasury Department is authorized to offset NHSC LRP payments for delinquent Federal and State debts, including delinquent child support payments.

3. Salary

The NHSC LRP participant will receive a salary and benefits from the employing approved NHSC community site. Employment compensation packages are negotiated between the clinician and the approved NHSC community site. Agreed-upon terms of employment are typically reduced to an employment contract. The terms of the employment contract should be carefully reviewed and fully understood by the clinician before the contract is signed. Applicants may want to seek legal guidance from private counsel before entering into an employment contract. Employment contract negotiations are solely the responsibility of the NHSC LRP applicant.

Please Note: A community site cannot guarantee that an employee will receive an NHSC LRP contract award. Therefore, NHSC loan repayments must not be part of employment and salary negotiations between clinicians and community sites.

F. QUALIFYING EDUCATIONAL LOANS

1. **Loans Qualifying for Repayment** - NHSC LRP participants will receive loan repayment funding to be applied to the principal, interest, and related expenses of **Government (Federal, State, or local) and commercial loans** obtained by the participant for: school tuition; other reasonable educational expenses and reasonable living expenses ([see Definitions, Section B of this Bulletin](#)). The loans for tuition and expenses are limited to those incurred by the participant for undergraduate or graduate education pursued prior to obtaining a degree in the health profession in which the participant will satisfy his or her NHSC LRP service commitment.

If applicants are currently in school working towards another health professions degree, those loans will not be considered for NHSC LRP repayment until the applicant has finished that future degree and applies to participate in the NHSC LRP in that new health profession. For example, an applicant currently applying as a Licensed Professional Counselor (LPC) may only submit educational loans incurred prior to receipt of the LPC degree. If the applicant is pursuing further education and incurring loans towards obtaining his/her Health Service Psychologist (HSP) degree, only the loans incurred prior to the LPC degree will be eligible for repayment at this time. Upon the

applicant **completing** his/her HSP degree, those loans may become eligible for repayment only if the applicant applies for a new award.

Applicants must submit the following proof of their qualifying educational loans: promissory notes or disclosure statements, and account statements showing loan balance from the current holder indicating the borrower's name; original amount borrowed; date of original disbursement; and type of loans. The current account statement must be dated not more than 30 days before the postmark date of NHSC application. Additional loan documentation may be required during the review process to determine the eligibility of the loan. We have provided an example for your convenience. (See [loan examples](#) at the end of this *Bulletin*.)

All loans submitted for loan repayment will be verified to determine whether they are eligible for repayment under NHSC LRP by contacting lenders and holders and checking the applicant's credit report. For former NHSC LRP awardees, a complete loan payment history of the previously awarded NHSC LRP funds must be submitted with the loan documentation.

2. Loans Not Qualifying for Repayment - The following are examples of financial obligations that **do not** qualify for repayment by the NHSC LRP:

- a. loans for which the associated documentation (e.g., promissory notes and lender statements) does not identify the loans as applicable to undergraduate or graduate education
- b. loans not obtained from a government entity or commercial lending institution (see Definitions, [Section B](#) of this *Bulletin*). Most loans made by private foundations or individuals are not eligible for repayment
- c. loans, or that portion of loans, obtained for educational or living expenses which exceed the school's estimated standard student budget in the year the loan was made and the student is unable to substantiate, to the NHSC LRP's satisfaction, that the excess educational and/or living expenses were reasonable
- d. loans that have been repaid in full
- e. loans for residency relocation (e.g., Medex loans)
- f. PLUS loans (made to parents)
- g. personal lines of credit

3. Consolidated/Refinanced Loans

If eligible educational loans are consolidated and/or refinanced, the original loan documentation must be submitted to establish the educational purpose and contemporaneous nature of such loans. The consolidated/refinanced loan must be from a Government (Federal, State, or local) or commercial lender and must be for the applicant's qualifying educational loans only. If an eligible educational loan is consolidated/refinanced with any debt other than another eligible educational loan of the applicant, **no portion** of the consolidated/refinanced loan will be eligible for loan repayment.

For eligible loans to remain eligible for the NHSC LRP, applicants/participants must keep their eligible educational loans segregated from all other debts. Also, eligible educational loans should not be consolidated with loans owed by any other person, such as a spouse or child. Finally, borrowers should be sure to get a disclosure Statement on the consolidated loans from their lenders. (See [loan examples](#) at the end of this *Bulletin*.)

G. COMMUNITY SITE EMPLOYMENT

1. General Information

In exchange for NHSC LRP benefits, NHSC LRP participants must be engaged in the full-time clinical practice ([as defined by the NHSC -- see Section H](#)) of their profession (as defined by the NHSC) at NHSC-approved sites in federally designated HPSAs. Approved NHSC sites provide outpatient primary health services to populations residing in HPSAs throughout the Nation. Hospital day treatment centers and inpatient facilities do not qualify as NHSC service sites.

The NHSC Opportunities List includes primary health care employment opportunities in designated HPSAs at community sites that have been approved by the NHSC. This list is prepared each year by the Division of Site and Clinician Recruitment within BCRS. The NHSC Opportunities List for FY 2009 and FY 2010 will be posted on the NHSC Web Site

at <http://nhscjobs.hrsa.gov/>. Only those vacancies posted on the NHSC Opportunities List will be considered for NHSC LRP two-year contract awards.

If the site identified on the Community Site Information Form (CSIF) submitted with the NHSC LRP application is not approved by the NHSC (i.e., is not on the NHSC Opportunities List), the site must complete and submit a Multi-Year Recruitment and Retention Assistance (R&R) Application. The R&R Application may be obtained at this web address: <http://nhsc.hrsa.gov/communities/apply.htm>.

School or home-based health programs serving HPSA populations may appear on the NHSC Opportunities List if the site vacancy position meets NHSC full-time clinical practice requirements (see Section H of the *Bulletin*). Please note that if a school-based program only provides clinical services to students during the school year, a clinician will need an additional service site in the approved HPSA during the summer months in order to participate in the NHSC LRP and remain in compliance with NHSC [full-time clinical practice requirements](#).

Community sites may have several vacancies per discipline category posted on the NHSC Opportunities List. Please see [Section C. 3.d.](#) of this *Bulletin* for further explanation of how many LRP participants of each discipline may be approved for each site. If funding remains available, the NHSC LRP may fund beyond the maximum number of two-year contract awards **per discipline category** for each community site.

At the time the application is submitted, the applicant may identify that he or she is employed at or plans to work at a maximum of four community sites. The NHSC LRP Community Site Information Form (CSIF) documents the applicant's employment status. This form must be submitted with the application and must be postmarked by the NHSC LRP application cycle deadline in which the individual is applying. **The applicant must include a separate CSIF for each site location or employment site.** Employment at the approved NHSC community site(s) must begin within 30-days of the cycle [submission deadline](#) for the cycle in which the applicant is applying.

An applicant's acceptance of an offer of employment to fill a vacancy on the NHSC Opportunities List does not guarantee that the applicant will subsequently receive an NHSC LRP contract award. See [Section C](#) of this *Bulletin* describing the eligibility requirements, qualification factors, and funding preferences used by the NHSC LRP to determine which applicants will receive NHSC LRP contract awards. In addition, eligible sites could have certain positions that do not meet NHSC service requirements. It is important for an NHSC LRP applicant to determine that the site has requested a vacancy for the applicant's position and that the position is in compliance with NHSC full-time service requirements.

This contract becomes effective on the service obligation start date once countersigned by the Secretary or his/her designee. The applicant's signature alone on this contract **does not** constitute a contractual agreement.

When the employment start date precedes the effective date of the NHSC LRP contract, no NHSC LRP service credit will be approved for employment prior to the effective date of the contract.

For further assistance regarding site or HPSA issues, such as site approvals, etc., please contact your State Primary Care Organization (PCO) or Primary Care Association (PCA) representative for further assistance regarding site or HPSA problems, such as site approvals, etc., at <http://bhpr.hrsa.gov/shortage/pcos.htm> or <http://bphc.hrsa.gov/technicalassistance/pcadirectory.htm>.

2. Community Site Agreements

Serving Under a Federal Assignment Agreement (FAA)

Under an FAA, an NHSC LRP participant is a Federal Civil Service employee or an active member of the U.S. Public Health Service Commissioned Corps and working at a federal site. Example include the Federal Bureau of Prisons.

Serving Under a Private Practice Assignment (PPA) Agreement

Under a PPA, an NHSC LRP participant: (1) is employed by a public or private entity on the NHSC Job Opportunities List and is subject to the personnel system (i.e., employment policies) of the entity to which he or she is assigned; (2) receives salary and benefits at least equal to what he or she would have received as a civilian employee of the U.S. Government; and (3) is provided malpractice insurance and tail coverage (either commercial or through the Federal Tort Claims Act) by the NHSC approved site.

An NHSC approved site is required to fulfill all of the requirements detailed in the [Multi-Year Recruitment and Retention \(R&R\) Assistance Application](#) (<http://nhsc.hrsa.gov/communities/apply.htm>). Failure of a site to comply with the above may result in NHSC providers being transferred to another site.

Serving Under a Private Practice Option (PPO) Agreement

If any one of the 2 conditions specified above does not apply to your work situation, then you must submit a PPO application to be released from your obligation to serve as a member of the NHSC (Federal employee or PPA) and instead serve under a PPO Agreement. Under the PPO, ALL clinicians (i.e., NHSC program participants **and** non-NHSC program participants) at the NHSC approved site must fulfill the requirements of the [Multi-Year Recruitment and Retention \(R&R\) Assistance Application](http://nhsc.hrsa.gov/communities/apply.htm) (<http://nhsc.hrsa.gov/communities/apply.htm>) and the [PPO Application](http://nhsc.hrsa.gov/loanrepayment/servelonger.htm) (<http://nhsc.hrsa.gov/loanrepayment/servelonger.htm>). Under a PPO Agreement: (1) the NHSC participant is self-employed, an independent contractor, or may be a salaried employee of a public or private entity; (2) the practice is required to accept Medicare assignment; (3) the practice must enter into appropriate agreements under the Medicaid and State Children's Health Insurance Programs; (4) the practice must utilize a schedule of discounts (including, as appropriate, waivers) of fees based on a patient's ability to pay; (5) the practice must complete a separate PPO Application; and (6) the participant must submit to the NHSC reports and documents, as required, relating to the conduct of the NHSC approved practice.

Solo Private Practices

In addition to an approved PPO application, an NHSC clinician fulfilling his or her obligation as a solo practitioner, must meet additional documentation requirements prior to the NHSC approving service credit and maintain compliance with these requirements throughout his/her service obligation. The NHSC's review and approval of a Solo PPO may include a site-visit to verify that the clinician and practice meet all NHSC requirements.

H. FULL-TIME CLINICAL PRACTICE

Every participant is required to engage in the full-time outpatient clinical practice of the profession for which he or she applied and was awarded an NHSC LRP contract.

A full-time clinical practice is defined as a minimum of 40 hours per week, for a minimum of 45 weeks each service year. The 40 hours per week may be compressed into no less than 4 days per week, with no more than 12 hours of work to be performed in any 24-hour period. Time spent in "on-call" status will not count toward the 40-hour week. Hours worked over the required 40 hours per week cannot be applied to any other work-week.

No more than 7 weeks (35 work-days) per service year can be spent away from the approved NHSC community site for vacation, holidays, continuing professional education, illness, or any other reason. For absences of greater than 7 weeks in an NHSC LRP service year, the participant must request a suspension. The BCRS cannot guarantee that a request for a suspension will be approved. If a suspension is approved, the participant's service obligation end date will be extended to fulfill the 2-year service obligation. See [Section K](#) of the *Bulletin*

A full-time clinical practice is defined as follows:

For all health professionals, except obstetrician/gynecologist (OB/GYN) physicians, family medicine physicians who practice obstetrics on a regular basis, certified nurse midwives, geriatric physicians, and behavioral and mental health providers, at least 32 of the minimum 40 hours per week must be spent providing direct outpatient care in the approved outpatient setting. These services must be conducted during normally scheduled clinic hours in an ambulatory care setting in the office(s) specified in the Community Site Information Form and the Practice Agreement. The remaining hours must be spent providing care for patients of the practice in alternative settings such as hospitals and or in practice related administrative activities. Administrative or other non-clinical activities may not exceed 8 hours per week.

For OB/GYN physicians, family medicine physicians who practice obstetrics on a regular basis, geriatric physicians and certified nurse midwives, at least 21 of the minimum 40 hours per week must be spent providing direct outpatient care in the approved outpatient setting. These services must be conducted during normally scheduled clinic hours in an ambulatory outpatient care setting in the office(s) specified in the in the Community Site Information Form or on the Practice Agreement. The remaining hours must be spent providing care for patients of the practice in alternative settings such as hospitals and or in practice related administrative activities. Administrative activities or other non-clinical may not exceed 8 hours per week.

For behavioral and mental health providers, at least 21 hours of the 40 hours per week must be spent providing direct patient counseling during normally scheduled office hours in an ambulatory outpatient care setting in the office(s) specified in the Community Site Information Form or on the Practice Agreement. The remaining hours must be spent providing clinical services in alternative settings, or performing practice-related administrative activities. Administrative or other non-clinical activities may not exceed 8 hours per week.

Administrative or other non-clinical activities include teaching, research, attending staff meetings, supervision of other clinicians, court appearances, and other non-treatment related activities pertaining to the clinician's approved NHSC practice.

Supervision of other clinicians is defined as an administrative activity if the clinician being supervised is treating the patient and billing for such treatment in his or her name. If the supervising clinician is treating the patient and billing for such treatment under his or her name, this activity would be counted as direct clinical services for the supervising clinician.

Every NHSC LRP participant must complete and submit a service obligation verification form for each 6 months of service. The form must be completed, certified, and signed by the participant and an appropriate official at the approved NHSC community site. By certifying this form, the site will verify the participant's compliance or noncompliance with the full-time clinical practice requirement detailed in this *Bulletin* during that 6-month period. The form will also record the participant's time spent away from the practice site during that 6-month period. Participants who fail to complete and submit their 6 month service obligation verification forms on time may be recommended for default and jeopardize receiving service credit and future amendment awards.

I. LEAVING THE COMMUNITY SITE (CHANGING JOBS)

The NHSC expects that a participant will fulfill his or her service obligation at the approved NHSC community site(s) identified in his/her application. A clinician who is not committed to remaining at the approved NHSC community site reflected in his/her application for the duration of the two-year NHSC LRP contract should not apply for an NHSC LRP award.

If a participant is unable to complete his/her service obligation at the approved NHSC community site(s) identified in the application, he/she must notify the Division of Scholar and Clinician Support (DSCS) **immediately, in writing**, and specify the issues or concerns affecting his/her ability to maintain compliance with his/her NHSC service obligation. **Participants should not leave their initial service site(s) without the prior written approval of the DSCS.** If the participant leaves his/her approved NHSC community site(s) without prior written approval from the DSCS, he/she may be placed in default. Please contact DSCS at 5600 Fishers Lane, Room 8A-19, Rockville, Maryland 20857 or call 1-800-221-9393 (TTY: 1-877-897-9910).

Before approving a transfer, the DSCS will contact the initial site(s) regarding the need for a transfer. Participants who are unable to complete service at their initial site(s) through no fault of their own (e.g., the site is closing) may be transferred to another NHSC site to complete their service obligation. The transfer site will be based on the needs of the NHSC. Final approval of all transfers rests with the DSCS and priority will be given to sites of equal or greater need (i.e., equal or greater HPSA score) than the original site. A participant who does not accept a transfer assignment may be placed in default of his or her NHSC LRP contract. ***Participants who voluntarily resign from their sites without prior approval of the DSCS or are terminated by their site(s) for cause may not receive a transfer to another site and may be placed in default.***

If a site asks a participant to work at a satellite clinic which is not listed on his or her Community Site Information Form or on the Practice Agreement, the participant should immediately notify the DSCS. Although a site may need to reassign its staff to address needs within the organization, the site should not reassign NHSC clinicians to other satellite sites without prior approval from the DSCS. The DSCS must first assure that each new site is an approved NHSC site.

If an LRP awardee is not employed at the site(s) indicated in the LRP application at the time of receipt of the LRP award, the LRP awardee must notify the DSCS immediately. Failure to do so may result in being placed in default. Keep in mind that if, on or before **August 17, of the fiscal year in which the award is made**, a participant asks the Secretary in writing to terminate his/her NHSC LRP contract **and** returns any funds received, the Secretary may terminate the contract.

J. BREACHING THE NHSC LRP CONTRACT

1. A participant who breaches the NHSC LRP contract by failing to begin or complete the required NHSC LRP service will be placed in default and obligated to pay the United States an amount equal to the sum of the following:
 - a. the amount of loan repayments paid to the participant representing any period of obligated service **not** completed; and
 - b. \$7,500 multiplied by the number of months of obligated service **not** completed; and

- c. interest on the above amounts at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of breach; except that the minimum amount the United States is entitled to recover **will not be less than \$31,000.**
2. Any amounts the United States is entitled to recover, as set forth above, must be paid within one year from the date of default. Failure to pay the NHSC LRP debt by the due date has the following consequences:
- a. **The debt will be reported to credit reporting agencies**— During the one-year repayment period, the debt will be reported to credit reporting agencies as “current.” If the debt becomes past due (i.e., remains unpaid at the end of the one-year repayment period), it will be reported as “delinquent.”
 - b. **The debt may be referred to a debt collection agency and the Department of Justice**—Any NHSC LRP debt past due for 45 days may be referred to a debt collection agency. If the debt collection agency is unsuccessful in collecting payment in full, the debt will be referred to the Department of Justice for filing of a lawsuit against the defaulter.
 - c. **Administrative offset**—Federal and/or State payments due to the participant (e.g., an IRS income tax refund) may be offset by the Department of Treasury to repay a delinquent NHSC LRP debt. Also, defaulters who are Federal employees may have their salary offset (garnished) to repay a delinquent NHSC LRP debt.
 - d. **Licensure Sanctions** – In some States, health professions licensing boards are allowed to impose sanctions including suspension or revocation of a defaulter’s professional license if the defaulter fails to satisfactorily address repayment of his/her NHSC LRP debt.
 - e. **Bankruptcy** - A financial obligation under the NHSC LRP may only be discharged in bankruptcy if the discharge is granted more than seven years after the debt becomes due and only if a bankruptcy court determines that the non-discharge of the debt would be unconscionable.

Please review the following default scenarios:

Scenario 1: Dr. Jane Smith, a family practice physician, signed a 2-year NHSC LRP contract, effective September 1, 2007. She received \$50,000 in LRP financial support to apply toward her qualifying educational loans. Dr. Smith’s NHSC LRP service end date is August 31, 2009. She resigned from her assigned site, Metro Community Health Center, on September 15, 2008, to be closer to her fiancé. Dr. Smith finds a new job with a nice increase in salary at Lakeside Physician Associates, but it is not in a HPSA. The NHSC determines that Dr. Smith defaulted on her NHSC LRP contract on September 16, 2008 and that she served 380 days of her 2-year (730 days) service obligation. Dr. Smith is liable to the United States for \$23,972.60 (the amount of loan repayments paid to her representing her obligated service not completed) **plus an additional \$90,000** (\$7,500 multiplied by the number of months (12) of obligated service not completed) for a total of \$113,972.60. Dr. Smith’s NHSC LRP debt will begin accruing daily interest at the prevailing rate as of her default date, September 16, 2008. Dr. Smith’s debt would be due to be paid in full one year after the default date.

Scenario 2: Mr. Robert Jones is a physician assistant at the Metro Community Health Center (MCHC) and is also a participant in the NHSC LRP. He received \$40,000 in LRP financial support to apply toward his outstanding total balance of qualifying educational loans. Mr. Jones signed a 2-year NHSC LRP contract, effective August 1, 2008. His NHSC LRP service end date is July 31, 2010. Mr. Jones is recruited by Dr. Smith to join her at Lakeside Physician Associates (LPA) for a significant increase in salary. Mr. Jones accepts the position at LPA and resigns from MCHC on December 10, 2008. The NHSC determines that Mr. Jones defaulted on his NHSC LRP contract on December 11, 2008 and that he served 131 days of his 2-year (730 days) service obligation. Mr. Jones is liable to the United States for \$32,821.92 (the amount of loan repayments paid to him representing his obligated service not completed) **plus an additional \$150,000** (\$7,500 multiplied by the number of months (20) of obligated service not completed) for a total of \$182,821.92. Mr. Jones’s NHSC LRP debt will begin accruing daily interest at the prevailing rate as of his default date, December 11, 2008. Mr. Jones’s debt would be due to be paid in full one year after the default date.

K. SUSPENSION, WAIVER, CANCELLATION AND TERMINATION

The Secretary of Health and Human Services may suspend or waive, in whole or in part, an NHSC LRP service or payment obligation. Requests for suspensions and waivers are reviewed and processed by the Legal and Compliance Office (LCO). In addition, the Secretary may cancel or terminate an NHSC LRP contract under very limited circumstances.

Suspension – A suspension of the NHSC LRP obligation will be granted if compliance with the obligation by the participant (1) is temporarily impossible or (2) would involve a temporary extreme hardship such that enforcement of the obligation would be unconscionable. The major categories of suspensions are set forth below. A request for a suspension must be submitted in writing to the **Division of Scholar and Clinician Support (DSCS)** at 5600 Fishers Lane, Room 8A-19, Rockville, Maryland 20857, telephone 1-800-221-9393, (TTY: 1-877-897-9910). Except as noted below, the **Legal and Compliance Office (LCO)** will respond to the clinician’s request. Periods of approved suspension will extend a participant’s NHSC LRP service obligation end date. All periods of time away from the approved NHSC community site should be documented by the participant on the Six-Month Service Obligation Verification form.

Suspensions for Medical and Personal Reasons

A suspension may be granted, for up to one year, if the participant provides independent medical documentation of a physical or mental health disability, or personal circumstances including a terminal illness of an immediate family member, that results in the participant’s temporary inability to perform the NHSC LRP obligation. Upon receipt of the written suspension request, the LCO will mail the participant instructions for documenting that request.

Maternity/Paternity Suspensions

Participants must notify the DSCS of pending maternity/paternity leave and provide documentation from mother’s the attending physician. Maternity/paternity leave of **12 weeks or less** should be documented on the Six-Month Service Obligation Verification form after the DSCS has been notified. If the participant’s maternity or paternity leave will **exceed 12 weeks** during that service year, the participant must request a suspension from the DSCS. Suspensions may be granted by the Legal and Compliance Office based on documented medical need.

Call to Active Duty in the Armed Forces

Participants who are also military reservists and are called to active duty will be granted a suspension, for up to one year, beginning on the activation date described in the Reservist’s call to active duty order. In addition to the written request for a suspension, a copy of the order to active duty must be submitted to the DSCS. The suspension will be extended if the applicable Armed Forces entity continues the period of active duty. The period of active military duty will not be credited toward the NHSC service obligation.

Waiver – A waiver of the NHSC LRP obligation will only be granted if compliance with the obligation by the participant (1) is permanently impossible or (2) would involve a permanent extreme hardship such that enforcement of the obligation would be unconscionable. ***A waiver request must be submitted in writing to the Division of Scholar and Clinician Support at 5600 Fishers Lane, Room 8A-19, Rockville, Maryland 20857, telephone 1-800-221-9393 (TTY: 1-877-897-9910).*** The waiver request must specify the reason(s) the waiver is being requested. The participant will be contacted directly by the Legal and Compliance Office regarding the medical and financial documentation necessary to process the waiver request.

Cancellation – The obligation will be cancelled in its entirety upon the death of the participant.

Termination – The Secretary may terminate an awarded NHSC LRP Contract if, no later than 45 days before the end of this Fiscal Year (i.e., **no later than August 17, of the fiscal year in which the award is made**), the Division of Applications and Awards (DAA) has received from the participant: 1) a written and signed request to terminate that contract and 2) repayment of **all** amounts of loan repayments paid to, or on behalf of, the participant under that contract. ****It is important to note that the August 17 deadline is established by statute and applies to all applicants (whether they received notification of their award prior to or after August 17). Requests to terminate an award after August 17th will not be honored.** For further information, contact the DAA at 1-800-221-9393 (TTY: 1-877-897-9910).

L. THE APPLICATION PROCESS

The **Application Checklist** at **Section O** of this Bulletin lists every item that must be submitted for an application to be considered complete and is provided to assist applicants in reviewing the completeness of their application.

Applicants are required to submit an application and their banking information electronically and print the “BCRSIS Receipt of Submission” by 5:00 p.m. Eastern Time (ET) on the cycle submission deadline in which the individual is applying and all applicable items on the checklist, plus a signed hard copy of the electronic application and a copy of the “BCRSIS Receipt of Submission”, must be postmarked no later than the cycle submission deadline date of the

application cycle in which the individual is applying to NHSC LRP, c/o FocalPoint Consulting Group, 1025 Vermont Avenue NW, Suite 1000, Washington, DC 20005

To access the online application, go to the following address: <https://lrpbcrs.hrsa.gov>

To electronically submit banking information through BCRSIS, go to the following address: <HTTPS://NIS.HRSA.GOV/BANKLOGIN.ASPX>.

NHSC LRP awards will be made to qualified applicants according to the [funding preferences](#). Qualified applicants with disadvantaged background/EFN status will be funded without regard to HPSA score. All eligible applications with Health Profession Shortage Area (HPSA) scores ranging from the highest HPSA to a HPSA of zero (0) will be funded each cycle until funds are exhausted. Therefore applicants are encouraged to apply early.

M. POWER-OF-ATTORNEY, PRIVACY ACT RELEASE AUTHORIZATION AND CHANGE OF CONTACT INFORMATION

Power-Of-Attorney

If an individual other than the applicant is submitting and executing an application on behalf of the applicant, it is **mandatory** that a copy of the notarized agreement granting the individual current Power-of-Attorney to act on the applicant's behalf be submitted with the application materials.

Privacy Act Release Authorization

If an applicant wishes to authorize the Department of Health and Human Services to disclose information relating to his/her application (e.g., the status of the application) to a third party (which would include, but is not limited to, an individual to whom the applicant has granted power-of-attorney), the applicant must complete and sign the Privacy Act Release Authorization form ([see Section T](#)).

Change of Contact Information

The NHSC LRP frequently corresponds with applicants by e-mail. Please check e-mails frequently during the application process for correspondence from our office and make certain to disable SPAM blockers (or check your SPAM folder). Notify us promptly, in writing, of any changes made to in e-mail address, mailing address or phone numbers.

N.

FORMS

PLEASE SUBMIT THE COMPLETED FORMS TO:

***NHSC LRP C/O FOCAL POINT CONSULTING GROUP
1025 VERMONT AVENUE NW, SUITE 1000
WASHINGTON, D.C. 20005***

Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB control number. Public reporting burden for this collection is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Office, 5600 Fishers Lane, Room 10-33, Rockville, Maryland 20857.

THE NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM APPLICATION CHECKLIST

Application and banking information submitted electronically and printing "BCRSIS Receipt of Submission" by 5:00 p.m. Eastern Time (ET) on the cycle submission deadline in which the individual is applying.

Signed copy of electronic application and "BCRSIS Receipt of Submission" and supporting documents by the cycle submission deadline in which you are applying (postmark date).

You must initial each item on this **Checklist**, and sign and date the Checklist below. Your signature indicates that you have read this *Bulletin* and that you understand all items required by the application. **Return the Checklist with your application. Keep a copy of the application package for your records, and submit the original. No application materials will be returned to applicants.**

- _____ 1. Completed **online application** for National Health Service Corps (NHSC) Loan Repayment Program (LRP).
- _____ 2. Copy of **completed and signed online application**.
- _____ 3. Completed [Loan Information and Verification Forms](#) for each loan for which you are seeking repayment assistance from the NHSC LRP. The date on this form should be within 1 week of the application postmark date.
- _____ 4. Copies of your [original loan applications, promissory notes, disclosure statements, and statements from current holder indicating your name, amount borrowed, date of original disbursement, and type of loans](#).
- _____ 5. Copy of [complete loan payment history of previous awarded funds](#) (applicable to past NHSC LRP award recipients.)
- _____ 6. Copies of [current account statement](#) showing your loan balance for each loan submitted.
- _____ 7. Copy of completed "BCRSIS Receipt of Submission." Go to [HTTPS://NIS.HRSA.GOV/BANKLOGIN.ASPX](https://nis.hrsa.gov/banklogin.aspx) and complete all the requested payment information. Upon completion, print out the "BCRSIS Receipt of Submission" and submit this form with the rest of your hard copy documentation.

If you are unable to print a copy of the "BCRSIS Receipt of Submission", please complete the following two steps:

 - 1) Contact the HRSA Call Center to log a help-ticket toll-free at 1-800-221-9393, (TTY: 1-877-897-9910), Monday-Friday (except Federal holidays) 9:00 a.m. to 5:30 p.m. E.T.
 - 2) Complete the **Banking Update Form** (by 5:00 p.m. Eastern Time (ET) on the cycle submission deadline in which you are applying), which may be found at <http://www.fms.treas.gov/ef/1199a.pdf>. The completed form must be received or postmarked by the application deadline date in which you are applying. Please submit the completed form to: Division of Applications and Awards, NHSC LRP, 5600 Fishers Lane, Room 8-37, Rockville, MD 20857.
- _____ 8. *Completed NHSC LRP [Community Site Information Form](#).
- _____ 9. *Completed [Authorization to Release Information Form](#).
- _____ 10. *Completed [Privacy Act Release Authorization Form](#) (if applicable).
- _____ 11. *Completed [Certification Regarding Debarment, Suspension, Disqualification and Related Matters](#) Form.
- _____ 12. *Signed and dated [NHSC Loan Repayment Program Contract](#).
- _____ 13. Copy of your health professional [degree or certificate](#) (or evidence that you have completed degree requirements).
- _____ 14. *Copy of your [current license and certification](#) in the State where you intend to practice showing the expiration date.)
- _____ 15. *Two [Letters of Reference](#) (Four (4), if working in your present position for less than 1 year or unemployed).
- _____ 16. Proof of [U.S. citizenship](#).
- _____ 17. Signed and dated [Biographical Statement](#).
- _____ 18. Copy of your [specialty board certification or residency completion certificate](#) (applicable to physicians and dentists.)

- _____ 19. Copy of your [national certification](#) (applicable to PAs, NPs, NMs, LPCs and some PNSs), or professional association membership (applicable to some MFTs).
- _____ 20. Copy of your [national board/licensing examination results](#) (applicable to SWs, HSPs, and DHs).
- _____ 21. Copy of your current [curriculum vitae \(CV\)/resume](#). The CV/resume must account for all periods of time following graduation from the qualifying health professional program.
- _____ 22. Letter, on business letterhead, from entity to which [existing service obligation is owed](#) (if applicable) indicating the date the service obligation will be completed.
- _____ 23. Documentation of status as a member of a [Reserve Component](#) of the **Armed Forces** (*applicable to applicants who are reservists*).
- _____ 24. Proof of [disadvantaged background](#) from school official (where applicable).
- _____ 25. Proof of [exceptional financial need](#) (EFN) scholarship from a school official (MDs, DOs, and dentists, where applicable).
- _____ 26. I know the current health professional shortage area (HPSA) score for the community site in which I am interested. I understand a funding preference will be given first to applicants with a Disadvantaged Background/EFN status. All eligible applications with Health Profession Shortage Area (HPSA) scores ranging from the highest HPSA to a HPSA of zero (0) will be funded each cycle until funds are exhausted. Therefore applicants are encouraged to apply early.
- _____ 27. I have read this entire *Bulletin* and understand that it is my responsibility to submit a complete application. I understand what items must be submitted (either electronically or by postmark date). If my application is incomplete, I understand that I may not be considered for a NHSC LRP contract award.
- _____ 28. I understand that an NHSC LRP contract award cannot be part of my employment contract. **Community sites do not have any authority to guarantee an NHSC LRP contract award.**
- _____ 29. I understand that the NHSC LRP contract is not in effect until it is countersigned by the Secretary or his/her Designee. I also understand that any practice at the NHSC community site before the contract takes effect is not eligible for NHSC loan repayments and will not count towards my NHSC service commitment.
- _____ 30. *Initialed, signed, and dated **Checklist**.

I have read and understand the items on this Checklist. I certify that the information submitted in this application package is true, complete, and accurate to the best of my knowledge and belief and does not omit any material fact. I understand that the information given may be investigated and that any known and willful false representation, or concealment, of a material fact is sufficient cause for rejection of this application, or, if awarded loan repayment, that I am liable for the return of all awarded funds and, further, that any such false statement or concealment may be punished as a felony under 18 U.S. C. 1101 and subject me to civil penalties under the Program Fraud Civil Penalties Act of 1986.

_____ **Applicant Name (Print)**

_____ **Date**

_____ **Signature of Applicant**

(Revised 05/09 - DAA, BCRS, HRSA, DHHS)

P.

NHSC LOAN REPAYMENT PROGRAM COMMUNITY SITE INFORMATION FORM

If applicant works at more than one site, a separate Community Site Information Form must be completed for each site.

APPLICANT'S NAME: _____

APPLICANT'S SOCIAL SECURITY NUMBER: _____

APPLICANT'S DISCIPLINE/SPECIALTY: _____

SITE NAME: _____

SITE MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SITE PHYSICAL ADDRESS, IF DIFFERENT FROM MAILING ADDRESS:

CITY: _____ STATE: _____ ZIP CODE: _____

SITE CONTACT PERSON: _____

SITE CONTACT EMAIL ADDRESS: _____

SITE PHONE NUMBER: _____ FAX Number: _____

UDS NUMBER: _____

HPSA I.D. NUMBER: _____ HPSA SCORE: _____

I certify that I have successfully completed negotiations for employment with the above-named site.

Signature of Applicant

Date Signed

TO BE COMPLETED BY THE COMMUNITY SITE OFFICIAL ONLY:

Is the above clinician an employee subject to the personnel system and employment policies of the above named site organization? Yes _____ No _____

Does the clinician receive a salary and benefits from the above named site? Yes _____ No _____

Does the above named site provide the clinician with malpractice and tail coverage or is the clinician covered under the Federal Tort Claims Act? Yes _____ No _____

If any of the 3 questions above is answered 'no' then the clinician will need to complete the PPO application on the website at <http://nhsc.hrsa.gov/loanrepayment/practiceassignments.htm>

I certify that the above-named site has successfully completed negotiations for employment with the above-named applicant.

Executive Director Signature

Print Name

"Successfully completed negotiations for employment" means 1) the applicant has received a written signed job offer from the site which the applicant has accepted in writing or 2) the applicant and the site have entered into (signed) an employment contract.

INSTRUCTIONS FOR COMPLETING THE LOAN INFORMATION AND VERIFICATION FORM

Please complete a Loan Information and Verification Form for each loan you wish the NHSC LRP to consider for repayment. This form authorizes your lender to release information about your loan to the NHSC LRP. These forms must be enclosed with your application.

You are required to send in documents verifying your loans. This includes a copy of the original loan applications, a copy of the promissory notes, disclosure statements, and statements from the current holder, indicating the borrower's name, original amount borrowed, date of original disbursements, and the type of loan.

In addition, include a current account statement showing your loan balance. The current account statement must be dated not more than 30 days before the postmark date of NHSC application submission. Loans without the required loan documents will be ineligible.

Do not send the Loan Information and Verification Form to your lender. The NHSC LRP will forward these forms to your lenders to verify the loan amounts, balances, and purposes of the loans.

LOAN CONSOLIDATION: If you have consolidated your educational loans you may fill out one loan form for the consolidation, but you must list the original date and amount of each educational loan in item 9 and 10. The total amount of the consolidated loan should be entered in item 11. If there is not enough room in items 9 and 10, you may attach a separate sheet of paper with this information to the loan form. This list should include the original disbursement date, the amount, and the loan type.

NHSC LRP participants will receive monies to be applied to the principal, interest, and related expenses of government (Federal, State, or local) and commercial loans obtained by the participant for:

- a. school tuition;
- b. other reasonable educational expenses (see [Definitions, Section B](#)); and
- c. reasonable living expenses (see [Definitions, Section B](#))

The tuition and expenses listed above are limited to those incurred by the participant for undergraduate or graduate education prior to obtaining a degree in the health profession in which the participant will satisfy his or her NHSC LRP service commitment.

If an eligible educational loan is consolidated or refinanced with any debt other than another eligible education loan of the applicant, NO portion of the consolidated/refinanced loan will be eligible for loan repayment.

Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB control number. Public reporting burden for this collection is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Office, 5600 Fishers Lane, Room 10-33, Rockville, Maryland 20857.

LOAN INFORMATION AND VERIFICATION FORM

DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF CLINICIAN RECRUITMENT AND SERVICE (BCRS)
DIVISION OF APPLICATIONS AND AWARDS

NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM

INSTRUCTIONS:

APPLICANT: Complete one copy of this form for each loan you are applying to have considered for repayment under the NHSC Loan Repayment Program. To each form, attach a copy of the original loan application, promissory notes, disclosure statements, and statements from the current holder indicating your name, original amount borrowed, date of original disbursement, and type of loan. In addition, include a current account statement showing your loan balance. The current account statement must be dated not more than 30 days before the postmark date of NHSC application. Please print clearly and complete the entire form to expedite verification. *Please note that incomplete information will render your loan ineligible.*

1. Applicant's Name (Last, First, Middle) _____ 2. Applicant's Social Security No. _____

3. Applicant's Complete Address _____ 4. Applicant's Telephone No. _____

5. Name of Lending Institution _____ 5.a. Lender's Telephone No. _____ 6. Loan Account No. _____

7. Full Address of Lending Institution _____

8. Was the loan sold? (If you are not sure, check with your lender) If "yes," give the secondary loan holder's name and full address.
Yes No

9. Original Date of the Loan _____ 10. Original Amount of the Loan _____

11a. Current Balance (Principal & Interest) \$ _____ as of (date) _____ 11b. Interest Rate _____

12. Purpose of the Loan as Indicated on the Loan Application: _____

13. Type of Loan (e.g., GSL, NDSL, HEAL) Please spell out the type. _____

14. Loan in Default? Yes No Date of Default: _____

15. Loan Under a Federal Court Judgment? Yes No Date of the Judgment: _____

FOR CONSOLIDATED UNDERGRADUATE AND GRADUATE EDUCATION LOANS - If you have consolidated your loans for undergraduate and graduate education costs, you must attach a copy of the loan documents for the education costs that were consolidated into a new loan. Please read page 25 of the Bulletin under bullet number 3 – [Consolidated/Refinanced Loans](#) for more detail.

WARNING - Any person who knowingly makes a false statement or misrepresentation in this loan repayment transaction, bribes or attempts to bribe a Federal official, fraudulently obtains repayment for a loan under this statute, or commits any other illegal action in connection with this transaction is subject to a fine or imprisonment under Federal statute. I have read this statement and understand its contents.

CERTIFICATION BY APPLICANT - I hereby certify to the accuracy of the above information and further certify that the above-identified loan was incurred solely for the costs of undergraduate or graduate education pursued prior to my receipt of the degree in the health profession in which I would satisfy my NHSC LRP service commitment.

AUTHORIZATION FOR DISCLOSURE: Pursuant to the Right to Financial Privacy Act of 1978 (RFPA) (12 USC 3404), having read the attached statement of my RFPA rights, I hereby authorize the government or financial institution named in item 5 or 8 above to release financial records relating to the educational loan(s) identified above to the HHS and/or it's contractors for the purpose of assessing and verifying the amount and eligibility of the educational loan for payment under the NHSC Loan Repayment Program. This authorization is valid for 3 months from the date of my signature, and may be revoked in writing at any time before my records are disclosed.

SIGNATURE OF APPLICANT

DATE

S.

STATEMENT OF CUSTOMER RIGHTS UNDER THE RIGHT TO FINANCIAL PRIVACY ACT OF 1978

Federal law protects the privacy of your financial records. Before banks, savings and loans associations, credit unions, credit card issuers, or other financial institutions may give financial information about you to a Federal Agency, certain procedures must be followed.

Consent to Disclosure

You may be asked to consent to a financial institution making your financial records available to the Government. You may withhold your consent, and your consent is not required as a condition of doing business with any financial institution. If you give your consent, it can be revoked in writing at any time before your records are disclosed. Furthermore, any authorization you provide is effective for only three months, and your financial institution must keep a record of the instances in which it discloses your financial information.

Disclosure without Your Consent

Without your consent, a Federal Agency that wants to see your financial records may do so ordinarily only by means of a lawful subpoena, summons, search warrant, or formal written request for that purpose.

Generally the Federal Agency must give you advance notice of its request for your records explaining why the information is being sought and telling you how to object in court. The Federal Agency must also send you copies of court documents to be prepared by you with instructions for filling them out. While these procedures will be kept as simple as possible, you may want to consult an attorney before making a challenge to a Federal Agency request.

Exceptions

In some circumstances, a Federal Agency may obtain financial information about you without advance notice or your consent. In most of these cases, the Federal Agency will be required to go to court for permission to obtain your records without giving you notice beforehand. In these instances, the court will make the Government show that its investigation and request for your records are proper. When the reason for the delay of notice no longer exists, you will be notified that your records were obtained.

Transfer of Information

Generally, a Federal Agency which obtains your financial records is prohibited from transferring them to another Federal Agency unless it certifies in writing that the transfer is proper and sends a notice to you that your records have been sent to another Agency.

Penalties

If a Federal Agency or financial institution violates the Right to Financial Privacy Act, you may sue for damages or to seek compliance with the law. If you win, you may be repaid your attorney's fees and costs.

Additional Information

If you have any question about your rights under this law or how to consent to the release of your financial records, you may contact: NHSC LRP, 5600 Fishers Lane, Room 8-37, Rockville, MD 20857.

Authorization to Release Information Form

(Print Name – First, Middle, Last)

As a National Health Service Corps (NHSC) Loan Repayment Program (LRP) applicant, I, hereby authorize:

1. The Department of Health and Human Services (HHS), and/or its contractors, to release the following information to a consumer reporting agency (credit bureau) to obtain a credit report to assess my eligibility, creditworthiness and suitability to participate in the NHSC LRP and to verify my educational loans: my name, address(es), social security number, and other information necessary to identify me.
2. The HHS, and/or its contractors, to release the following information to the lenders/holders of my educational loans in order to obtain loan payoff balances, to determine my eligibility/qualifications to participate in the NHSC LRP, and to determine the eligibility of my educational loans for repayment under the NHSC LRP: my name, address(es), social security number, account number(s), account status, and other information necessary to identify me.
3. The HHS, and/or its contractors, to release my name, address(es) and social security number for the purpose of determining whether I appear on the Excluded Parties System List.
4. The HHS, and/or its contractors, to release my name, address(es) and social security number for the purpose of obtaining the National Health Practitioner Data Bank and Healthcare Integrity Protection Data Bank Reports to determine my eligibility requirement of satisfactory professional competence and conduct.
5. Any program to which I owe a service obligation to release information relating to that obligation to HHS and/or its contractors.

This authorization will take effect on the date that I sign this release form. If I become a participant in the NHSC Loan Repayment Program, this authorization shall remain in effect until the date my NHSC Loan Repayment Program obligation, including any extension of the obligation pursuant to contract extensions and amendments, has been fulfilled or this authorization is revoked by me in writing. If I do not become a participant in the NHSC Loan Repayment Program, this authorization shall remain in effect until **September 30, 2010**.

(Signature of Applicant)

(Date)

(Please Print Name)

U.

CONTRACT

PLEASE SUBMIT THE COMPLETED FORMS TO:

***NHSC LRP C/O FOCAL POINT CONSULTING GROUP
1025 VERMONT AVENUE NW, SUITE 1000
WASHINGTON, D.C. 20005***

**NATIONAL HEALTH SERVICE CORPS
LOAN REPAYMENT PROGRAM
AMERICAN RECOVERY AND REINVESTMENT
ACT CONTRACT**

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF CLINICIAN RECRUITMENT AND SERVICE
DIVISION OF APPLICATIONS AND AWARDS**

Section 338B of the Public Health Service Act ("Act") authorizes the Secretary of Health and Human Services ("Secretary") to repay the graduate and/or undergraduate educational loans of applicants selected to be participants in the National Health Service Corps Loan Repayment Program ("Loan Repayment Program"). In return for these loan repayments, applicants must agree to provide primary health services in a manner determined by the Secretary for a period of obligated service in a Health Professional Shortage Area ("HPSA") designated by the Secretary pursuant to section 332 of the Act. An applicant becomes a participant in the Loan Repayment Program only if this contract is signed by the applicant and by the Secretary's designee.

The terms and conditions of participating in the Loan Repayment Program are set forth below.

Section A—Obligations of the Secretary

Subject to the availability of funds appropriated by the Congress of the United States for the Loan Repayment Program and the National Health Service Corps (NHSC), the Secretary agrees to:

1. Pay, in the amount provided in paragraph 2 of this section, the undersigned applicant's qualifying graduate and/or undergraduate educational loans for actual costs paid for:
 - a. tuition expenses;
 - b. all other reasonable educational expenses, including fees, books, and laboratory expenses, incurred by the applicant; or
 - c. reasonable living expenses as determined by the Secretary.
 Qualifying graduate and/or undergraduate educational loans consist of the principal, interest, and related expenses of the government and commercial loans received by the applicant for the above-listed expenses incurred prior to obtaining a degree in the health profession in which the applicant will serve his or her period of obligated service.
2. Pay \$50,000 for two years of service except that, if the applicant's total outstanding balance of qualifying educational loans is less than \$50,000, the Secretary will pay the outstanding loan balance for two years of service.
3. Accept the applicant into the NHSC or release the applicant, pursuant to section 338D of the Act, to enter into full-time private clinical practice of the applicant's health profession in a HPSA selected by the Secretary.
4. Make loan repayments for a year of obligated service no later than the end of the fiscal year in which the applicant completes such year of service.

Section B—Obligations of the Applicant

1. The applicant agrees to:
 - a. Accept loan repayments from the Secretary and apply those loan repayments, within 30 days, to reduce the applicant's qualifying graduate and/or undergraduate educational loans.
 - b. Serve his or her period of obligated service by providing primary health services, as determined by the Secretary:
 - i. in the full-time clinical practice (as defined in paragraph iii below) of his or her health profession in the HPSA (designated under section 332 of the Act) to which the applicant is assigned by the Secretary as a member of the NHSC, either as a Commissioned Officer in the Regular or Reserve Corps of the Public Health Service, as a civilian employee of the United States, or as an individual who is not an employee of the United States; or
 - ii. in the full-time private clinical practice (as defined in paragraph iii below) of his or her health profession pursuant to a Private Practice Option Agreement under section 338D of the Act in a HPSA (designated under 332 of the Act) selected by the Secretary.
 - iii. A full-time clinical practice is defined as a minimum of 40 hours per week. For all health professionals except as noted below, at least 32 of the minimum 40 hours per week must be spent providing direct outpatient care in the outpatient ambulatory care setting at the approved practice site, during normally scheduled office hours. For an OB/GYN, FP/OB, geriatric physician or CMN practitioner, at least 21 of the minimum 40 hours per week must be spent providing direct outpatient care in the outpatient ambulatory care setting at the approved practice site, during normally scheduled office hours. The remaining hours (19 for OB/GYNs, FP/OBs and CNMs, 8 for all others) must be spent providing care for patients in alternative settings such as hospitals and or in practice related administrative activities. For behavioral

and mental health practitioners, at least 21 hours per week must be spent providing direct patient counseling in the ambulatory outpatient care setting of the approved practice site, during normally scheduled office hours. The remaining 19 hours must be spent providing clinical services in alternative settings, or performing practice-related administrative activities.

For all practitioners, practice-related administrative activities shall not exceed 8 hours per week. The 40 hours per week may be compressed into no less than 4 days per week, with no more than 12 hours of work to be performed in any 24-hour period. Time spent "on-call" will not count toward the 40-hour week. No more than 7 weeks (35 workdays) per service year can be spent away from the practice for holidays, vacation, continuing professional education, illness, or any other reason. Absences greater than 7 weeks in a service year will extend the service obligation end date.

- c. Serve in accordance with paragraph b. of this section for two (2) years. Contract extension for additional years may be available under the terms and conditions specified in Section E of the Contract.
- d. Comply with the provisions of Title 42, Code of Federal Regulations, Part 62, and Subpart B.
- e. Comply with Title 2, CFR, Part 180, Subpart C (2006), as supplemented by Subpart C of Title 2, CFR Part 376 (2007)

Section C—Breach of Written Loan Repayment Contract

1. If the applicant, for any reason, fails to complete the 2-year period of obligated service, he or she shall be liable to the United States for an amount equal to the sum of:
 - a. the total of the amounts paid by the United States to, or on behalf of, the applicant under Paragraph 2 of Section A of this Contract for any period of obligated service not served;
 - b. an amount equal to the product of the number of months of obligated service not completed by the applicant, multiplied by \$7,500; and
 - c. interest on the amounts described in (a) and (b) of this paragraph at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of the breach; except that the amount the United States is entitled to recover shall not be less than \$31,000.
2. Any amount the United States is entitled to recover shall be paid within 1 year of the date the Secretary determines that the applicant is in breach of this written Contract.

Section D—Cancellation, Suspension, and Waiver of Obligation

1. Any service or payment obligation incurred by the applicant under this Contract will be canceled upon the applicant's death.
2. The Secretary may waive or suspend the applicant's service or payment obligation incurred under this Contract if the applicant's compliance with the terms and conditions of this Contract is:
 - a. impossible or
 - b. would involve extreme hardship and enforcement would be unconscionable.

Section E—Contract Amendment

1. The applicant may, in accordance with procedures established by the Secretary, request an extension of this Contract.
2. Subject to the availability of funds appropriated by the Congress of the United States for the Loan Repayment Program and the NHSC, the Secretary may approve a request for Contract extension in accordance with the Secretary's established policies in effect at the time of the extension.
3. A request for an extension of this Contract will not be approved if prior loan repayments received under this Contract were not applied, during the period of obligated service, to reduce the applicant's qualifying graduate and/or undergraduate educational loans.

Section F—Contract Termination

1. The Secretary may terminate this Contract if, on or before August 17, the applicant:
 - a. submits a written request to terminate this Contract and
 - b. repays all amounts paid to, or on behalf of, the applicant under Paragraph 2 of Section A of this Contract
 This contract becomes effective on the service obligation start date once countersigned by the Secretary or his/her designee

Applicant Name (please print):	
Applicant's Signature:	Date:
Secretary of Health and Human Services or Designee:	Date:
NHSC Loan Repayment Program Service Obligation Start Date: TO BE COMPLETED BY NHSC LRP PERSONNEL ONLY	
HRS-860 (Revised 5/09 - DHHS, HRSA, BCRS, DAA)	

V.

Instructions for Submitting Loan Documentation to the NHSC LRP

1. **Gathering.** It's important to gather all of your financial information/documents for each loan you would like to be considered for repayment. If you have consolidated your loans, you must gather the financial information/documents for the loans that were consolidated (that make up the consolidation). Examples include but are not limited to: promissory notes, account statements, disclosure statements, disbursement statements and an Aid Summary report from the NSLDS web site (***examples of each are below***).
2. **Sorting.** Sort through all of your documents so that you have only the necessary documents for each loan you plan to submit to NHSC for loan repayment consideration. ***Each loan must have a completed Loan Information and Verification (LIV) Form.*** Do not leave any questions blank, unanswered or use terms such as N/A, "see attached", or "as indicated in documents". The submissions must have the following:
 - a. **Federal Loans.**
 - i. A complete LIV Form
 - ii. The promissory note/master promissory note or disclosure statement,
 - iii. A disbursement report showing the original disbursement dates, the type of loan, and the loan amounts. If you do not have this information you can submit an "Aid Summary" report downloaded from The National Student Loan Data System (NSLDS) web site (<http://www.nslids.ed.gov>) which shows a complete list of the federal loans you have. You will need to obtain a PIN (<http://www.pin.ed.gov>) if you don't already have one in order to log into your secured area on the website
 - iv. The most recent account statement which should reflect your current balance
 - b. **Federal Consolidated Loans.**
 - i. A complete LIV Form
 - ii. The consolidation promissory note or consolidation disclosure statement.
 - iii. A disbursement report ***for each loan in the consolidation*** showing the original disbursement date, the type of loan, and the loan amount. If you do not have this information you can submit an "Aid Summary" report downloaded from The National Student Loan Data System (NSLDS) Web site (<http://www.nslids.ed.gov>) which shows a complete list of the federal loans you have. You will need to obtain a PIN (<http://www.pin.ed.gov>) if you don't already have one in order to log into your secured area on the website.
 - iv. The most recent account statement which should reflect your current balance
 - c. **Private Loans**
 - i. A complete LIV Form
 - ii. The promissory note/master promissory note, disclosure statement, or loan application (for some private loans the application may also be the promissory note)
 - iii. A disbursement report showing the original disbursement dates, the type of loan, and the loan amounts.
 - iv. The most recent account statement which should reflect your current balance

d. Private Consolidated Loans

- i. A complete LIV Form
- ii. The private consolidation promissory note or private consolidation disclosure statement
- iii. Original promissory notes or disclosures statements **for each loan included in the consolidation.**
- iv. A disbursement report for each loan in the consolidation showing the original disbursement date, the type of loan, and the loan amount

What NHSC LRP is looking for in the following documents?

Promissory note

It should contain the following information:

- The lending institution
- Borrower's name
- Amount
- Date
- Signature
- Note stating the promise to pay

**** If your promissory note doesn't have the amount on it, please provide a disclosure statement.***

Disclosure statement

It should contain the following information:

- Amount
- Date
- Disbursement date
- Interest rate
- Terms and conditions of repayment

Current account statement

It should contain the following information:

- Most recent account statement
- Shows interest rate
- Current balance

Grouped vs. Consolidated

A grouped loan is not a consolidation. You may make one payment and still have several loans. If this is the case then you have a "grouped" loan. ***If you have a grouped loan you must provide a LIV Form for each loan contained in the group.*** A consolidation is where all of the loans that make up the consolidation have been paid off and you are left with one loan and one payment.

W.

EXAMPLES OF LOAN DOCUMENTATION FORMS

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FEDERAL PERKINS LOAN MASTER PROMISSORY NOTE

OMB No. 1845-0074 Form Approved Expiration Date 06/30/2009

Section A: Borrower Section	
1. Name (last, first, middle initial) and Permanent Address (street, city, state, zip code)	2. Social Security Number
	3. Date of Birth (mm/dd/yyyy)
	4. Home Area Code/Telephone Number
	5. Driver's License Number (List state abbreviation first)
Section B: School Section	
6. School Name & Address (street, city, state, zip code)	7. Annual Interest Rate 5%

[Any bracketed clause or paragraph may be included at option of institution]

Terms and Conditions: (Note: Additional Terms and Conditions follow on subsequent pages)

APPLICABLE LAW - The terms of this Federal Perkins Loan Master Promissory Note (hereinafter called the Note) and any disbursements made under this Note shall be interpreted in accordance with Part E of Title IV of the Higher Education Act of 1965, as amended (hereinafter called the Act), as well as Federal regulations issued under the Act. All sums advanced under this Note are subject to the Act and Federal regulations issued under the Act.

REPAYMENT - I am obligated to repay the principal and the interest that accrues on my loan(s) to the above-named institution (hereinafter called the School) over a period beginning 9 months (or sooner if I am a Less-Than-Half-Time Borrower) after the date I cease to be at least a half-time student at an institution of higher education or a comparable School outside the United States approved by the United States Department of Education (hereinafter called the Department) and ending 10 years later, unless I request in writing that my repayment period begin sooner. I understand that the School will report the amount of my installment payments, along with the amount of this loan to at least one national credit bureau. Interest on this loan shall accrue from the beginning of the repayment period. My repayment period may be shorter than 10 years if I am required by my School to make minimum monthly payments. My repayment period may be extended during periods of deferment, hardship, or forbearance and I may make graduated installments in accordance with a schedule approved by the Department. I will make my installment payments in equal monthly, bi-monthly, or quarterly payments as determined by the School. The School will round my installment payment to the next highest whole dollar. I will make a minimum monthly repayment of \$40 (or \$30 if I have obtained a Federal Perkins Loan before October 1, 2002 that includes the \$30 minimum payment provision or outstanding National Direct Student Loans) in accordance with the Minimum Monthly Payment section of the Terms and Conditions contained on the reverse side of this document.

EXAMPLE

LATE CHARGES - The School may impose late charges if I do not make a scheduled payment when due or if I fail to submit to the School, on or before the due date of the payment, a properly completed request for any of the forbearance, deferment, or cancellation benefits as described below. No late charges may exceed 20 percent of the monthly, bi-monthly, or quarterly payment. The School may add the late charge to principal the day after the scheduled payment was due or to the next scheduled payment after I have received notice of the charge, and such notice is sent before the next installment is due.

FORBEARANCE, DEFERMENT, OR CANCELLATION - I may apply for a forbearance, deferment, or cancellation on my loan. During an approved forbearance period, payments of principal and interest, or principal only, may be postponed or reduced. Interest continues to accrue while my loan is in forbearance. During an approved deferment period, I am not required to make scheduled installment payments on my loan. I am not liable for any interest that might otherwise accrue while my loan is in deferment. If I meet the eligibility requirements for a cancellation of my loan, the institution may cancel up to 100 percent of the outstanding principal loan amount. Information on eligibility and application requirements for forbearances, deferments, and cancellations is provided on pages 2 and 3 of this Note. I am responsible for submitting the appropriate requests on time, and I may lose my benefits if I fail to file my request on time.

DEFAULT - The School may, at its option, declare my loan to be in default if (1) I fail to make a scheduled payment when due; (2) I fail to submit to the School, on or before the due date of a scheduled payment, documentation that I qualify for a forbearance, deferment, or cancellation; or (3) I fail to comply with the terms and conditions of this Note or written repayment agreement. The School may assign a defaulted loan to the Department for collection. I will be ineligible for any further federal student financial assistance authorized under the Act until I make arrangements that are satisfactory to the School or the Department to repay my loan. The School or the Department shall disclose to credit bureau organizations that I have defaulted and all other relevant loan information. I will lose my right to defer payments and my right to forbearance if I default on my loan. The School or the Department may accelerate my defaulted loan. Acceleration means that the School or the Department demands immediate payment of the entire unpaid balance of the loan, including principal, interest, late charges, and collection costs. I will lose my right to receive cancellation benefits for service that is performed after the date the School or the Department accelerated the loan.

CHANGE OF STATUS - I will inform the School of any change in my name, address, telephone number, Social Security Number, or driver's license number.

PROMISE TO PAY: I promise to pay the School, or a subsequent holder of the Note, all sums disbursed under the terms of this Note, plus interest and other fees which may become due as provided in this Note. I understand that multiple loans may be made to me under this Note. I understand that by accepting any disbursements issued at any time under this Note, I agree to repay the loans. I understand that each loan is separately enforceable based on a true and exact copy of this Note. I understand that I may cancel or reduce the amount of any loan by not accepting or by returning all or a portion of any disbursement that is issued. If I do not make any payment on my loan under this Note when it is due, I promise to pay all reasonable collection costs, including attorney fees, court costs, and other fees. I will not sign this Note before reading the entire Note, even if I am told that I am not required to read it. I am entitled to an exact copy of this Note. This loan has been made to me without security or endorsement. My signature certifies I have read, understood, and agree to the terms and conditions of this Note.

I UNDERSTAND THAT I MAY RECEIVE ONE OR MORE LOANS UNDER THIS MASTER PROMISSORY NOTE AND THAT I MUST REPAY SUCH LOANS.

Borrower's Signature _____

Date _____

EXAMPLE OF MASTER PROMISSORY NOTE



START HERE
GO FURTHER
FEDERAL STUDENT AID

National Student Loan Data System (NSLDS) for Students

NSLDS is a repository of information from many sources. Changes to the data are made by those sources. Collecting the data into one central location such as NSLDS gives you convenience and saves you time. If for any reason you disagree with the information reported to NSLDS, please contact one or more of the sources of your data listed on the detail pages on this site. The Department is also available as a resource at 1-800-4FEDAID if you need additional assistance. Your comments and corrections will help improve the services NSLDS provides.

Aid Summary for _____ Your enrollment status is _____

Loans							
	Type of Loan	Loan Amount	Loan Date	Disbursed Amount	Canceled Amount	Outstanding Principal	Outstanding Interest
	FFEL CONSOLIDATED	\$70,800	10/16/2005	\$70,800	\$0	\$72,858	\$0
	FFEL CONSOLIDATED	\$51,512	10/16/2005	\$51,512	\$0	\$53,282	\$4
3	DIRECT STAFFORD UNSUBSIDIZED	\$9,240	09/04/2004	\$9,240	\$0	\$0	\$0
4	DIRECT STAFFORD SUBSIDIZED	\$5,500	09/04/2004	\$5,500	\$0	\$0	\$0
5	DIRECT STAFFORD UNSUBSIDIZED	\$5,415	09/09/2003	\$5,415	\$0	\$0	\$0
6	DIRECT STAFFORD SUBSIDIZED	\$5,500	09/04/2003	\$5,500	\$0	\$0	\$0
7	DIRECT STAFFORD UNSUBSIDIZED	\$10,000	09/04/2002	\$10,000	\$0	\$0	\$0
8	DIRECT STAFFORD SUBSIDIZED	\$5,500	09/04/2002	\$5,500	\$0	\$0	\$0
9	DIRECT STAFFORD UNSUBSIDIZED	\$7,555	09/04/2002	\$6,840	\$715	\$0	\$0
10	DIRECT STAFFORD SUBSIDIZED	\$5,500	09/05/2001	\$5,500	\$0	\$0	\$0
11	DIRECT STAFFORD UNSUBSIDIZED	\$10,000	09/05/2001	\$10,000	\$0	\$0	\$0
12	DIRECT STAFFORD UNSUBSIDIZED	\$10,000	09/01/2000	\$10,000	\$0	\$0	\$0
13	DIRECT STAFFORD SUBSIDIZED	\$5,500	09/01/2000	\$5,500	\$0	\$0	\$0
14	DIRECT STAFFORD UNSUBSIDIZED	\$10,000	09/01/1999	\$10,000	\$0	\$0	\$0
15	DIRECT STAFFORD SUBSIDIZED	\$5,500	09/01/1999	\$5,500	\$0	\$0	\$0
	Total FFEL CONSOLIDATED					\$126,170	\$10
	Total DIRECT STAFFORD UNSUBSIDIZED					\$0	\$0
	Total DIRECT STAFFORD SUBSIDIZED					\$0	\$0
	Total All Loans					\$126,170	\$10

Information contained on these pages reflects the most current data in the NSLDS database. The data contained on this site is for general information purposes and should not be used to determine eligibility, loan payoffs, overpayment status, or tax reporting. Please consult the Financial Aid Officer at your school or the specific holder of your debts for further information.

EXAMPLE OF NSLDS FOR STUDENTS REPORT

LOAN CONSOLIDATION DISCLOSURE STATEMENT AND REPAYMENT SCHEDULE

Account Number:

This statement provides the terms and conditions for repayment of the consolidation loan between you and the consolidating lender listed. The repayment schedule established is based upon information in our records and the terms of the Consolidation Promissory Note you signed. You should check this information thoroughly and notify SallieMae Servicing immediately of any discrepancies with your records. The guarantor of your consolidation loan is FINANCE AUTHORITY OF MAINE and your consolidating lender is SLM EDUCATION LOAN CORP.

REPAYMENT SCHEDULE				
DATE	INTEREST RATE	AMOUNT FINANCED	FINANCE CHARGES	TOTAL OF PAYMENTS
Date Interest Begins to Accrue:	Annual Interest Rate of Your Loan(s)	Unpaid Principal (Including Capitalized Interest of Your Loan)	Dollar Amount the Credit Will Cost You*	Principal and Interest You Will Have Paid After All Payments Are Made as Scheduled.
07/20/2005	2.875%	\$26,656.32	\$8,504.69	\$35,161.01

* Indicates an estimate of the total finance charge—the actual finance charge will depend upon the timely payment of amounts owed and the use of deferral and/or forbearance provisions of the Federal Loan Consolidation Program.

Repayment of the loan will be in monthly installments, on the same day of each month, according to the following schedule:

239	\$146.51	09/16/2005
1.	\$145.12	08/18/2005

ITEMIZATION OF LOANS CONSOLIDATED

Name of Former Creditor/Service	Funds Paid	Loan Subsidy
SLM EDUCATION CREDIT MGMT CORP	\$4,709.23	UNSUBSIDIZED
SLM EDUCATION CREDIT MGMT CORP	\$5,131.98	UNSUBSIDIZED
SLM EDUCATION CREDIT MGMT CORP	\$7,639.34	UNSUBSIDIZED
SLM EDUCATION CREDIT MGMT CORP	\$9,175.77	UNSUBSIDIZED
TOTAL AMOUNT	\$26,656.32	

EXAMPLE OF DISCLOSURE STATEMENT

Disbursement Information

[Special Offers](#)

Lower your monthly payment—consolidate!
Pay online; enroll now, it is free!

The listing below reflects all of your loans and the individual disbursements for each loan. The "Disburse Date" represents the date on which the funds were sent to the school or a future date on which we anticipate sending the funds.

[Print Page](#)

Loan Number	Take Action	Loan Type	Status	Disbursement Date	Amount (Before Fees) View Fee Details
		FEDERAL SUBSIDIZED STAFFORD	Disbursed	01/05/2006	\$3,681.49
		FEDERAL SUBSIDIZED STAFFORD	Disbursed	09/12/2005	\$3,681.51
		FEDERAL UNSUBSIDIZED STAFFORD	Disbursed	01/05/2006	\$5,568.49
		FEDERAL UNSUBSIDIZED STAFFORD	Disbursed	09/30/2005	\$5,568.51
		FEDERAL SUBSIDIZED STAFFORD	Disbursed	01/05/2007	\$4,250.00
		FEDERAL SUBSIDIZED STAFFORD	Disbursed	10/19/2006	\$4,250.00
		FEDERAL UNSUBSIDIZED STAFFORD	Disbursed	01/05/2007	\$5,000.00
		FEDERAL UNSUBSIDIZED STAFFORD	Disbursed	10/19/2006	\$5,000.00
		FEDERAL PLUS	Disbursed	01/05/2007	\$5,436.50
		FEDERAL PLUS	Disbursement Refund	11/02/2006	\$5,436.50

The Student Loan Corporation

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EXAMPLE OF DISBURSEMENT STATEMENT

Statements

Special Offers

Lower your monthly payment—consolidate!
Pay online: enroll now, it is free!

Print Page

Statement Date: Select Statement Date

Statement Information for March 2008					Account Number: Payment Due Date:		
Loan Type	Loan Number	Interest Rate ¹	Principal Balance	Payoff Balance ²	Payment Received (Principal + Interest + Late Fees ³)		Amount Due
Federal Subsidized Stafford		7.220%	\$7,297.48	\$7,333.47	\$35.83	\$50.63	\$86.46
Federal Unsubsidized Stafford		7.220%	\$12,386.55	\$12,447.64	\$60.82	\$85.94	\$146.76
Federal Subsidized Stafford		6.800%	\$8,420.84	\$8,459.96	\$42.93	\$55.03	\$97.96
Federal Unsubsidized Stafford		6.800%	\$10,587.91	\$10,637.08	\$53.97	\$69.20	\$123.17
Federal PLUS		8.500%	\$10,875.22	\$11,320.31			\$422.46
Totals			\$49,568.00	\$50,198.46	\$193.55	\$260.80	\$0.00

Total Payment Received: \$454.35
Minimum Payment Due²: \$876.81
Payment Due Date: 03/09/2008

¹ Variable alternative loan interest rates change quarterly (01/01, 04/01, 07/01, 10/01), and variable FFELP loan interest rates change annually (07/01). Please check current loan interest rates for up-to-date rate information.

² If paid on due date.

³ A late fee may be added if your payment is not received within 15 days of your due date.

Reminder: You should plan to make your online payment at least two (2) business days before the due date. This helps ensure the payment is posted by your due date and helps build a positive credit history.

For Customer Service, Call 1-800-967-2400, Monday through Friday, from 8:00 a.m. to 11:00 p.m., Eastern Time.

EXAMPLE OF ACCOUNT STATEMENT

Federal Family Education Loan Program (FFELP) Federal Consolidation Loan Application and Promissory Note	Guarantor, Program, or Lender Identification		
<div style="float: right; border: 1px solid black; padding: 2px; font-size: small;"> OMB No. 1846-0036 Form approved Exp. date 01/31/2010 </div>			
WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or any accompanying documents is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.			
IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW LOAN ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens a loan account. What this means for you: Your name, address, date of birth, and other information collected in this form will be used to verify your identity. You may also be asked to provide your driver's license or other identifying documents.			
Before You Begin Read the Instructions for Completing the Federal Consolidation Loan Application and Promissory Note. Print using dark ink ballpoint pen or type. This form must be signed and dated by the applicant. **PAGES 1, 2, AND 3 OF THIS FORM MUST BE SUBMITTED FOR YOUR APPLICATION TO BE PROCESSED.**			
Section A. Borrower Information			
1. Last Name	First Name	MI	2. Social Security Number
3A. Permanent Address (Include Number, Street, Apartment Number, or Rural Route Number and Box Number, as applicable) City, State, Zip Code			
3B. Permanent Mailing Address, if different from 3A. (Include P.O. Box or General Delivery, as applicable) City, State, Zip Code			
4. Area Code/Telephone Number ()		5. Former Name(s)	
6. Date of Birth (mm-dd-yyyy)		7. Driver's License State and Number State #	
8. E-mail Address			
9. Employer Name			
Address			
10. Consolidating Lender Name			
11. Lender Code, if known			
Section B. Reference Information You must provide two separate references with different addresses who have known you for at least three years. Both references must be individuals who live with you (e.g., your spouse) or who live outside the United States.			
12. Name		A. _____ B. _____	
Permanent Address		_____	
City, State, Zip Code		_____	
E-mail Address (optional)		_____	
Area Code/Telephone Number ()		() _____	
Relationship to Borrower		_____	
Section C. Promissory Note (To be completed and signed by the borrower.) (In this Promissory Note, "lender" refers to, and this Promissory Note benefits, the original consolidating lender and its successors and assigns, including any subsequent holder of this Promissory Note.)			
13. Promise to Pay: I promise to pay to the order of the lender all sums disbursed (hereafter "loan") under the terms of this Promissory Note (hereafter "Note") to pay off my prior loan obligations, plus interest and other charges and fees that may become due as provided in this Note. Unless I make interest payments, interest that accrues on my loan during forbearance periods and on the unsubsidized portion of my loan during deferment periods may be added, as provided under the Act, to the principal balance of my loan. If I do not make any payment on this Note when it is due, I will also pay reasonable collection costs, including but not limited to attorney's fees, court costs, and other fees. I will not sign this Note before reading the entire Note, even if I am told not to read it, or told that I am not required to read it. I am entitled to an exact copy of this Note and the Borrower's Rights and Responsibilities Statement. My signature certifies I have read, understand, and agree to the terms and conditions of this Note, including the Borrower Certification and Authorizations and the Borrower's Rights and Responsibilities Statement.			
I UNDERSTAND THAT THIS IS A LOAN THAT I MUST REPAY.			
14. Borrower's Signature _____			Today's Date (mm-dd-yyyy) _____

EXAMPLE

EXAMPLE OF CONSOLIDATION PROMISSORY NOTE

X.

Certification Regarding Debarment, Suspension, Disqualification and Related Matters Form

Pursuant to 2 CFR 180.335 (2006) as implemented by 2 CFR 376.10 (2007), an applicant applying to enter into a covered transaction (which includes an application to participate in this program) is required to notify the Federal agency office if the applicant knows that he or she:

- Is presently debarred, suspended, excluded, or disqualified from participation in covered transactions by any Federal agency or department;
- Within the 3-year period preceding the application, has been convicted of, or had a civil judgment rendered against him or her for any of the following offenses:
 - commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal State, or local) transaction or a contract under a public transaction;
 - violation of Federal or State antitrust statutes; or
 - commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice;
- Is presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with the commission of any of the offenses set forth above; or
- Within a 3-year period preceding the application, has had any public transaction (Federal, State, or local) terminated for cause or default.

The applicant must sign the certification below which is applicable to his or her situation.

I, _____, certify that **none** of the above statements apply to me.
(Print name)

Signature

Date

OR

I, _____, certify that **one or more** of the above statements apply to me.
(Print name)

Signature

Date

**IF APPLICABLE
FORMS**

PLEASE SUBMIT THE COMPLETED FORMS TO:

**NHSC LRP C/O FOCAL POINT CONSULTING GROUP
1025 VERMONT AVENUE, NW, SUITE 1000
WASHINGTON, D.C. 20005**

PRIVACY ACT RELEASE AUTHORIZATION FORM

I, _____, residing at _____
_____, am an applicant to the National Health Service Corps (NHSC) Loan Repayment Program (42 U.S.C. 254I-1). I hereby authorize the Department of Health and Human Services, and/or its contractors, to disclose any information contained in its files relating to my application to participate in the NHSC Loan Repayment Program **to**:

_____	_____
(Individual)	(Relationship / Name of the Firm)

	(Address)

	(City, State, Zip Code)

This authority shall remain in effect until **September 30, 2010**, or this authorization is revoked by me in writing.

I certify that I am the above-named applicant. I understand that the knowing and willful request for, or acquisition of, information pertaining to an individual from an agency under false pretenses is a criminal offense under the Privacy Act, subject to a \$5,000.00 fine (5 U.S.C. 552a(i)(3)).

_____	_____
(Signature of Applicant)	(Date)

I certify that I am the above-named Individual, to whom the applicant has authorized disclosure. I understand that the knowing and willful request for, or acquisition of, information pertaining to an individual from an agency under false pretenses is a criminal offense under the Privacy Act, subject to a \$5,000 fine (5 U.S.C. 552a(i)(3)).

_____	_____
(Signature of Individual)	(Date)

NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM

CHANGE OF ADDRESS FORM

Complete & Mail to:
DAA, NHSC LRP
5600 Fishers Lane, Room 8-37
Rockville, MD 20857

NAME: _____

New Address:

1st line Street _____

2nd line Street _____

City/State/Zip Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Old Address:

1st line Street _____

2nd line Street _____

City/State/Zip Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

(Signature of Applicant)

(Date)